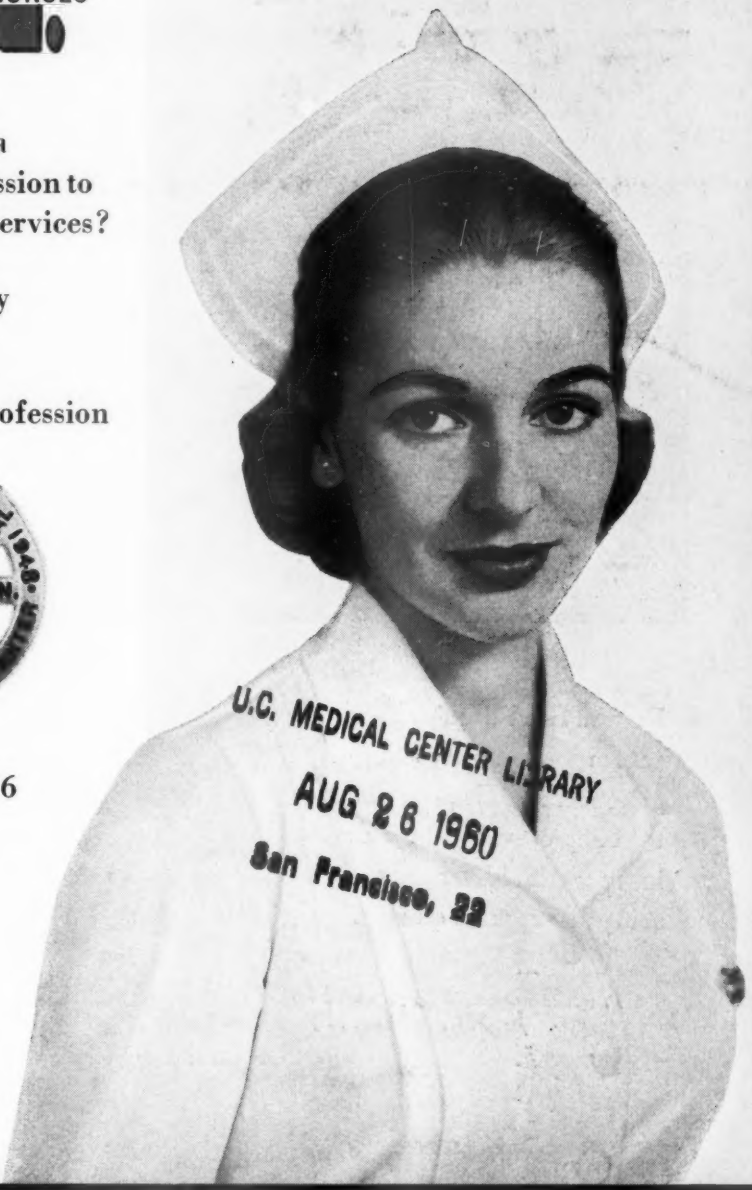
R.N.

A JOURNAL FOR NURSES

Do Nurses Want a National Commission to Study Nursing Services?

Science vs Obesity

The Religion of a Profession



March 1956

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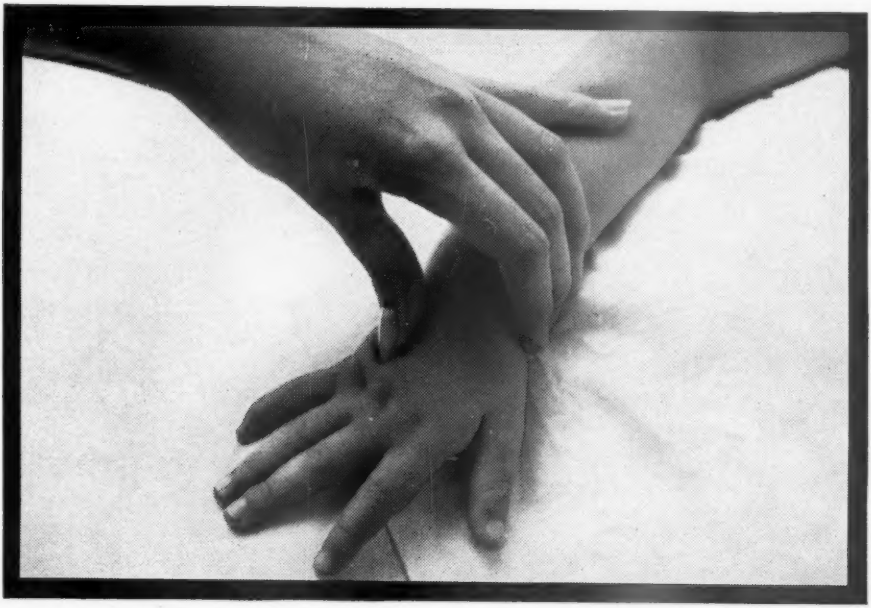

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A JOURNAL R.N. FOR NURSES

VOLUME XIX • NUMBER III • MARCH 1956

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BPA NBP

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PICTURE CREDITS: *Photos on pages 36-43, courtesy of Kate Macy Ladd Convalescent Home; special credits: page 38, Walter T. Cocker; page 41 (physical therapist), James Young.*

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A primitive affair "in the wilds of Minnesota" is how the newspapers of 1889 described Saint Marys Hospital of Rochester, Minn., later to become the country's largest private hospital in one unit.

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It was at Saint Marys that the Mayo brothers performed their famous operations, and it was here that Edith Graham, Rochester's first trained nurse, taught nursing procedures to the Sisters, and administered anesthetics. After her marriage to Dr. C. H. Mayo, Edith Graham Mayo continued to encourage and inspire thousands of Saint Marys nurses; and today her memory is [*Continued on page 67*]

memo: To all nurses
The following is the latest clinical information your doctors are reading

to help patients over 40 correct biliary dyspepsia & constipation

Rehfuss[1] has stated that after 40, constipation is "the greatest single medical problem" and Shaftel[2] reports on the exceptional clinical results of Caroid® and Bile Salts in chronic constipation typical of this age bracket.

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1. Rehfuss, M. E.: Indigestion, Philadelphia, W. B. Saunders Co., 1943, p. 322.
2. Shaftel, H. E.: J. Am. Geriatrics Soc. *1*:549 (Aug.) 1953.

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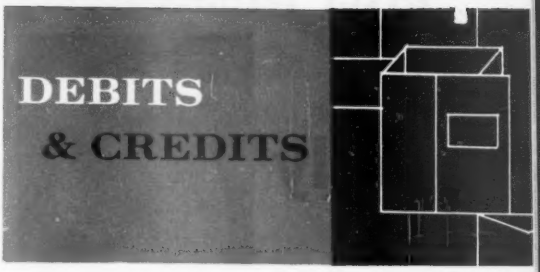


ESPRIT DE CORPS

Dear Editor:

I feel I must answer the letter signed "R.N., Portland, Ore." in your Dec. 1955 issue. I want to defend the Cadet Corps because I was one of the first graduates. We had wonderful training and very good experience. We had to work hard, but this created many opportunities for learning for which I shall always be thankful. We do not have to take a backseat among other nurses. In any nursing group there are always a few who do not know all they should, and the Cadet Nurse Corps was no different from other groups in this respect.

C. MARKOVITZ, R.N.
CHICAGO, ILL.

* * *

Dear Editor:

We Cadet Corps graduates definitely are offended by a recent *Debits and Credits*' letter. We were trained in an accredited hospital, passed our state boards without difficulty, were charter members of our district association, and have been active since. We do not like being called "sub-professional."

(Mrs.) BERNICE M. BENEDICT, R.N.
NELLIE B. BUNCE, R.N.
SALMON, IDAHO

* * *

Dear Editor:

"Sub-professional"? I was not aware that the [Cadet Corps] training program was below standard!

I believe a similar program today would do a great deal to relieve the nursing shortage. There are many girls who, with a little financial aid, could become the kind of nurses the hospitals would be proud to employ.

(MRS.) MERETTA H. AUSTIN, R.N.
BRISTOL, CONN.

* * *

Dear Editor:

I enjoy reading R.N. every month. I did, however, take exception to the remark made by "R.N., Portland, Ore." The Cadet Corps made nursing school possible for many who could not otherwise have enrolled. I was one of them. We had regular students as well as cadets, and all were treated alike.

Anyone who did not come up to the school's standards was asked to leave, whether her family or the government was paying her tuition. Moreover, we all took the same state board exams. I don't think it could be suggested that a board of nurse examiners would pass a candidate because she happened to be a Cadet Corps graduate.

I don't feel that our cadet status made us less efficient—then or now. Perhaps "R.N., Portland" had to get through training the hard way; but I hardly think this gives her the privilege of being bitter toward those of us who were more fortunate. Also, I would be

more impressed with her ideas if she'd had the courage to sign her name.

LORRAINE PALM, R.N.
FORT ATKINSON, WISC.

* * *

Dear Editor:

I am a Cadet Corps graduate and proud of it. I was trained well. Furthermore, the program stimulated me to obtain my degree and teach nursing.

R.N., SANTA BARBARA, CALIF.

* * *

Dear Editor:

As a Cadet Corps graduate, I am filled with abundant thanks to my wonderful country for making a dream come true; becoming an R.N. would have been virtually impossible otherwise. I am proud of my diploma, and humble, because I feel I have been richly blessed.

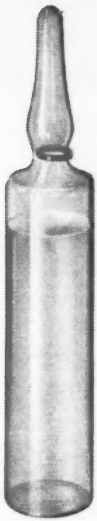
Our period of training was exactly the same as those not entered under this program. We worked side by side and shared the same growth and experiences. I am sure that we could not have become better nurses had we paid the highest tuition in the land. Many wonderful young women are today serving the sick with love, humility, and knowledge because of the Cadet Corps.

(MRS.) BETTY L. CADY, R.N.
BARTONVILLE, ILL.

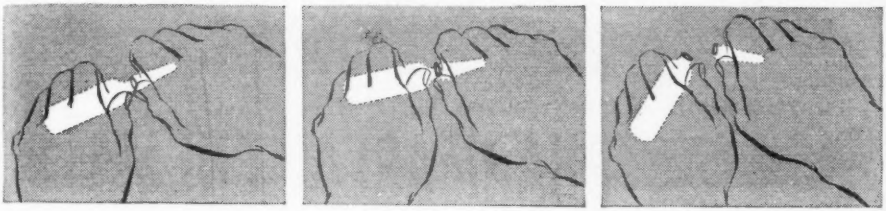
* * *

Dear Editor:

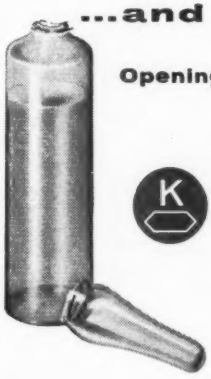
Like "R.N., Portland," I, too, have been skeptical about LPN's on occasion. Such, for example, as the time one of them was asked if



"GRIP!" "BEND!" "SNAP!"



...and your ampul is ready to use



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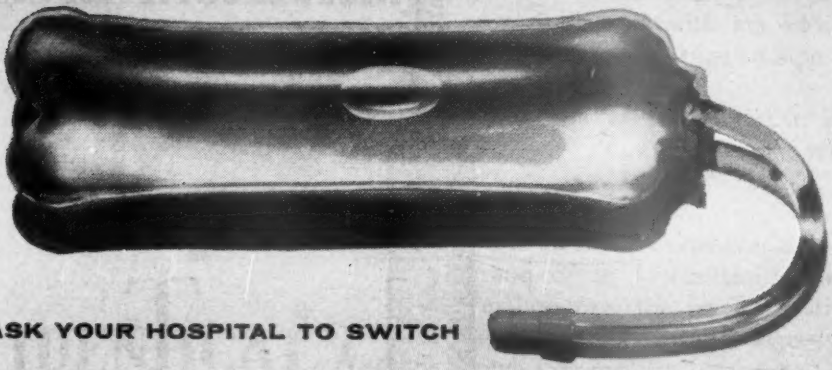

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she could take a blood pressure, and replied, "I can—but I forgot my watch"! I'm sure, however, that such tales represent the exception rather than the rule. So I can't help but come now to the defense of the LPN.

In reference to the oxygen-tent incident: Where were the head nurse and the doctor? Never is such responsibility placed on an LPN alone.

(Mrs.) E. Strombeck, R.N.
Hancock, N.H.

* * *

Dear Editor:

Is "R.N., Portland" insinuating that we Cadet Corps graduates are "sub-professional"? If so, I feel that her remark is an insult. Our training included every phase of nursing that hers did, and a little bit more. We had specialized training during our last six months, either in a military hospital or in our own school.

Concerning her reference to the pneumonia patient who lay cyanotic in an oxygen tent for 24 hours: She blames the Cadet Corps graduates and LPN's for not knowing that the tank was empty; but I feel that the charge nurse wasn't on her toes. Also, where was the supervisor all that time? Why hadn't they checked the patient's condition? How did she ["R.N., Portland"] know the tank had been empty for 24 hours if they hadn't checked? I question who should have been blamed.

I'm proud to be a Cadet Corps

graduate. We filled some pretty important shoes during our training days, and we all did a good job of it. If we didn't, we were weeded out.

(MRS.) BETH NETTESTAD, R.N.
MINNEAPOLIS, MINN.

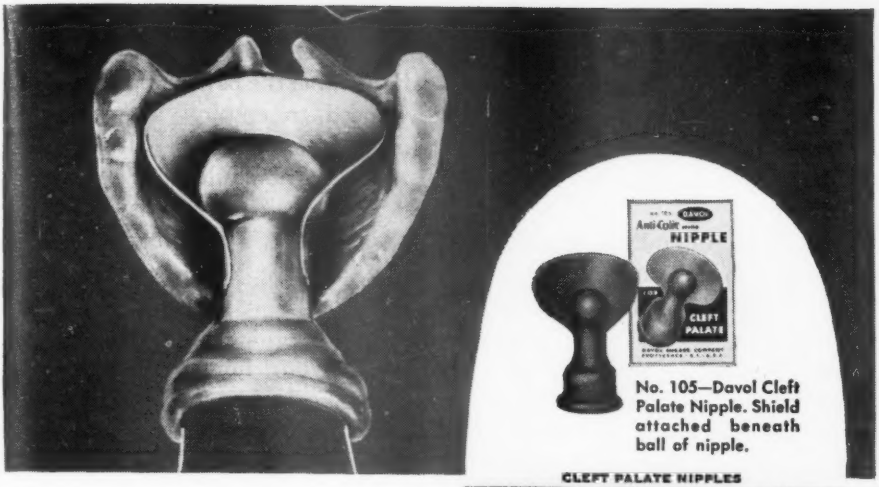
SOURED

Dear Editor:

I have read Frances Elder's article, "Dollars for Education," in your June issue, and I should like to tell you of my experience in trying to earn a B.S. degree after securing my R.N.

I am a graduate of the Johns Hopkins Hospital School of Nursing, 1940. I entered the University of Illinois in Feb., 1952, expecting to take the NLNE examination to determine the number of credits I should receive for my nursing diploma. I tried for three semesters to learn when the exam would be given so that I could take it. Repeatedly I was put off with the remark that it would take six to eight weeks to evaluate my credits and "We will notify you." I have never been given the opportunity to take the examination.

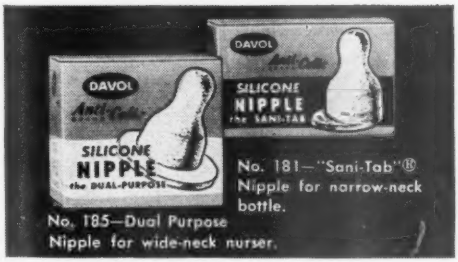
I worked a 44-hour week and finished the four-year course in three years. I received no credit for my nursing. If you were able to check the final transcript of my record, you would see a notation in the corner of it: "Credit to be allowed by examination." The dean of the liberal arts school finally advised me to settle for a B.A. degree.



No. 105—Davol Cleft Palate Nipple. Shield attached beneath ball of nipple.

CLEFT PALATE NIPPLES

nipples require specialization, too!



No. 181—"Sani-Tab"® Nipple for narrow-neck bottle.

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NEW LONG-LIFE SILICONE NIPPLES

No. 151—Sani-Tab Nipple now specially vented to minimize air-swallowing, provide freer flow.

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As in fine hospital and surgical rubber goods, nipples require special care and precision because of their importance in the growth and proper development of the infant mouth.

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since it looked as if the nursing service were going to do nothing.

What is needed is not nursing scholarships, but a little old-fashioned honesty by those who pretend to work for the advancement of nursing.

I do not intend to remain in nursing. Illinois soured me!

R.N., LANSING, MICH.

TIME'S CHANGES

Dear Editor:

After thirty years' absence from the nursing profession, I returned to a hospital recently in the role of a patient. As different as chalk from cheese were the new techniques. At 6 A.M. I was given a sedative; at 2 P.M. I awakened, operation over. No nausea, no vomiting, no proctoclysis to drench the bed, and no voiding problem. (Remember the psychological tricks we used to employ in trying to make patients void—turning on water faucets full-blast, showing pictures of Niagara Falls, etc.?)

Alas, today's hospital beds are no softer than of yore. Side rails (new in my experience) are put there, I decided, for the protection of your bones, just in case you'd like to find out whether the floor could possibly be any harder.

As for nurses—well, in my opinion, our modern Miss Nightingales seem to have lost the human touch. Gone is the friendly, fraternizing eager-to-please, bedside nurse of a generation ago. Today's R.N. is an aloof, impersonal, white-clad automaton,

INVOLUTION of LESIONS in PSORIASIS

RIASOL

The untreated lesions of psoriasis undergo *progressive evolution* through the stages of tiny discrete papules, erythema, scaliness, peripheral outgrowth, infiltration and elevation, and finally coalescence of smaller plaques to make large configurations (Ormsby and Montgomery*).

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Apply daily after a mild soap bath and thorough drying. A thin, invisible economical film suffices. No bandages required. After one week, adjust to patient's progress.

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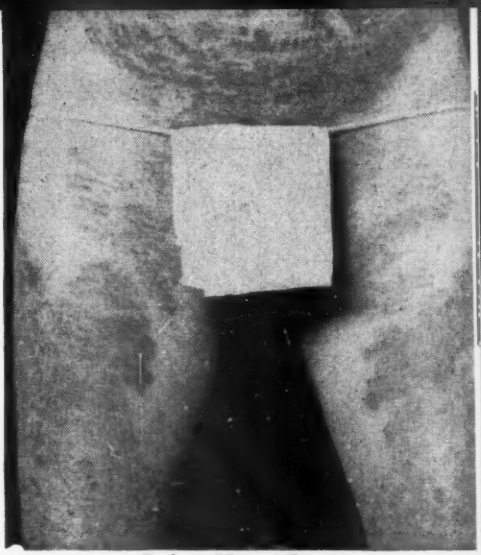
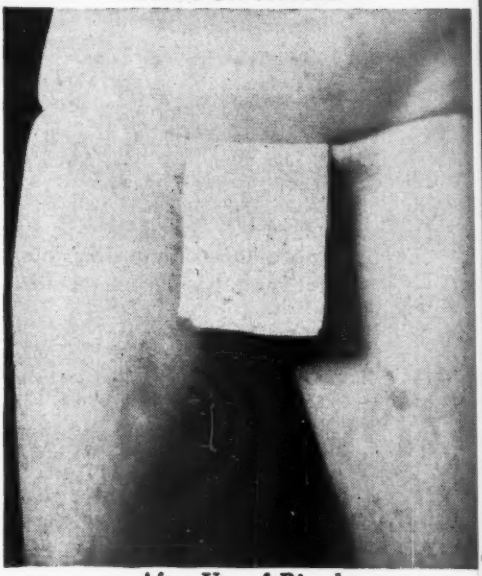
*Ormsby, O. S. and Montgomery, H., *Diseases of the Skin*, 8th ed., 1954.



Before Use of Riasol



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RIASOL FOR PSORIASIS

dispensing antibiotics and a Mona Lisa smile, indifferent to the fact that you're unable to eat that greasy, lukewarm chicken broth or drink that tepid tea. Trays, she tells you, are the responsibility of the diet kitchen; complaints are forwarded there. After ten days, you stop complaining. (You're ready to go home, anyway.)

In my day, we were perhaps taught many unimportant things, such as the number of pillows to place under head, knees, and elbows to make patients purr in solid comfort. These little arts can easily be learned by less highly trained personnel; but I do think that the patient's diet is at least as worthy of close supervision as his medication.

HILDA SMITH
PASADENA, CALIF.

THE "LITTLE" R.N.'S

Dear Editor:

I must tell you that your Christmas editorial was a pertinent and needful reminder. Nurses, above all others, should ever bear in mind the value of little things. My years of nursing are scattered with memories of many of the "little nurses" of whom you speak. We find them all around us. Seldom are they heard of; usually they are far from the limelight of publicity or recognition. Of all such, both near and far, I would say: let us remember Christ's own promise, "The last shall be first." (And for "last," may we not also read "least"?)

ELMIRA EVANS BAKER, R.N.
SOUTH ORANGE, N.J.

Lora Jane Fraser Wins Scholarship Presented by the Florists' Telegraph Delivery Association

The president of the Florists' Telegraph Delivery Association, Victor Stein, crowned Miss Lora Jane Fraser of Bellevue, Washington, as queen of the forty-fifth annual convention of F.T.D. held at Seattle. Each year a student nurse is chosen convention queen and receives an F.T.D. scholarship to cover her studies. Miss Fraser is studying obstetrical, pediatric, orthopedic, and psychiatric nursing. Through the years, F.T.D. has awarded more than one thousand such scholarships to student nurses throughout the nation.

This program was instituted by the F.T.D. Florists in recognition of the nurses' important role in properly caring for and appreciating the importance of flowers as a part of recuperative therapy.

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(9 out of 10 cases cleared up or definitely improved)

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And in day-by-day use thousands of nurses, too, have experienced and observed the amazing effectiveness of this new medication.

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**Original clinical reports in our files*

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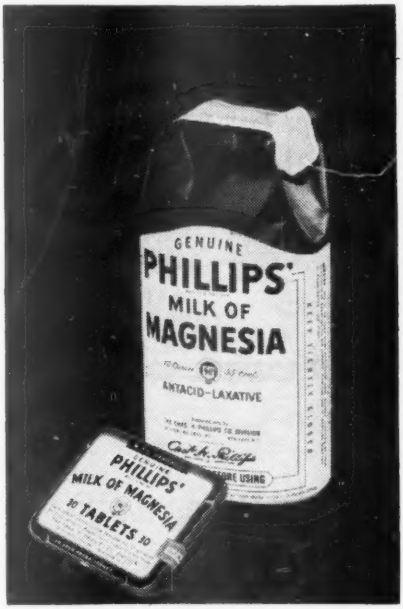

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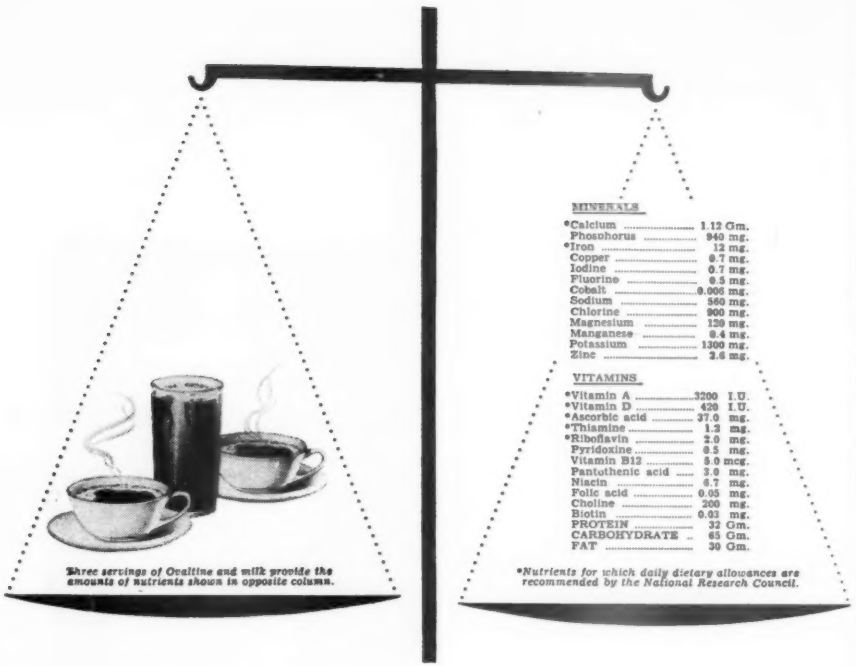

to "balance" the bland diet...

Whenever bland or special diets are required for your patients, Ovaltine in milk serves ideally to help achieve good nutritional balance. Energy-packed, vitamin and mineral rich, this tasty beverage provides the nutritional extras to assist in combating stress, infections or other resistance-draining influences.

Ovaltine steps up those elements in which milk is lacking . . . the B vitamins, ascorbic acid and iron levels, to equal or exceed the minimum daily requirements.

The "finicky" patient, old or young, who takes milk under protest usually looks forward to his drink of Ovaltine. It adds interest, flavor and zest to the diet. Because it reduces the curd tension of milk more than 60 per cent, it is extremely easy to digest and kind to the most delicate stomachs.

Served either hot or cold, Ovaltine in milk is a universal favorite at meals, bedtime, or during the morning and afternoon "breaks."

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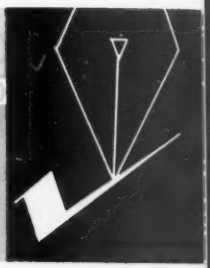

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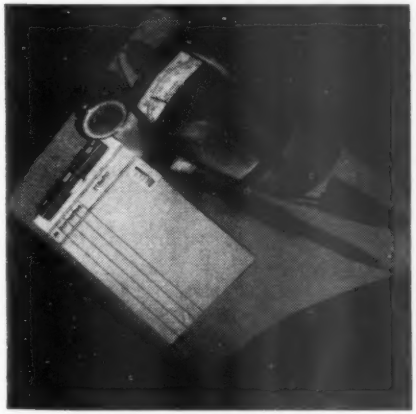

➤ This portable bassinet of corrugated board was developed by a grandmother for her grandchildren's visits. Washable, sturdy Boxabye is equipped with water-repellent mattress. A product of the Samuel M. Langston Co., Camden, N.J., it's sold at leading department stores.

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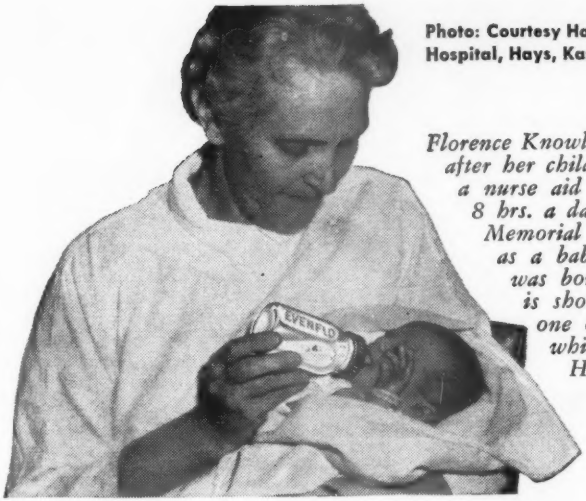

Photo: Courtesy Hadley Memorial Hospital, Hays, Kansas

Florence Knowles loved babies so much that after her children were grown she became a nurse aid in order to be with babies 8 hrs. a day! In the nursery of Hadley Memorial Hospital, she is recognized as a baby nurse par excellence who was born, not made. Mrs. Knowles is shown feeding a newborn with one of the 4-oz. Evenflo Nursers which have been used in Hadley Hospital for years.

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Narrow-neck bottles with pull-on nipples are being replaced in more and more hospitals by the modern Evenflo Nurser.

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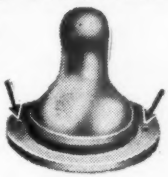

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Formula and nipple sanitarily sealed inside Evenflo bottle for autoclaving or refrigeration.

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If a patient faces having to give up coffee because he has a susceptibility to caffein, you may give him good news. New Extra-Rich Sanka Coffee can be enjoyed in perfect assurance that it will permit sound sleep and won't affect delicate nerves. That's because Sanka is 97% caffein-free.

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Like instant coffee convenience? Then make yourself a cup of New Instant Sanka—the *only* instant coffee that's caffein-free. A "fresh-brewed" flavor that's *delicious* . . . and, remember, it won't keep you awake!

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Do nurses want a national commission to study nursing services?

Congresswoman Frances P. Bolton's controversial proposal for a national commission to study nursing services has, it appears, recast her in a new role—that of the devil's advocate—at least in the eyes of organized nursing. Heretofore looked upon by the American Nurses Association and the National League for Nursing as nursing's *advocatus angelus*, she suddenly finds herself regarded as acting "out of character."

Such a switch in character would, naturally, cause confusion—especially among nurses who, for years, have looked to Mrs. Bolton as nursing's champion in legislative matters.

Smoldering beneath the surface for the past year, the opposition of the ANA and NLN to the Bolton proposal has recently reached its kindling point. The disaffection began when Mrs. Bolton, for the first time in her Congressional career, ignored the voice of organized nursing and took guidance instead from the results of her own personal nursing survey.

The ensuing developments have not only strained professional friendships but, in the language of politics, have produced some strange bedfellows. Individuals usually on opposite sides of the professional fence unexpectedly find themselves gracing the same letterhead in support of the Commission; and, incongruity notwithstanding, one notes the unintentional alignment of traditional antagonists—the American Nurses Association and American Hospital Association—in their independent efforts to defeat the proposed Commission.

As R.N. goes to press, a second Bolton bill (H.J. Res. 485), a revised version of the original (H.J. Res. 171), has been introduced. In substance, the new bill has the same, though elaborated, purpose of the original: "The Commission shall gather by scientific methods authoritative data *relating to problems of the patient and the public in securing adequate nursing services*, and shall make recommendations to the President with respect to ways and means for solving such problems." The proposed study would be completed within two years.

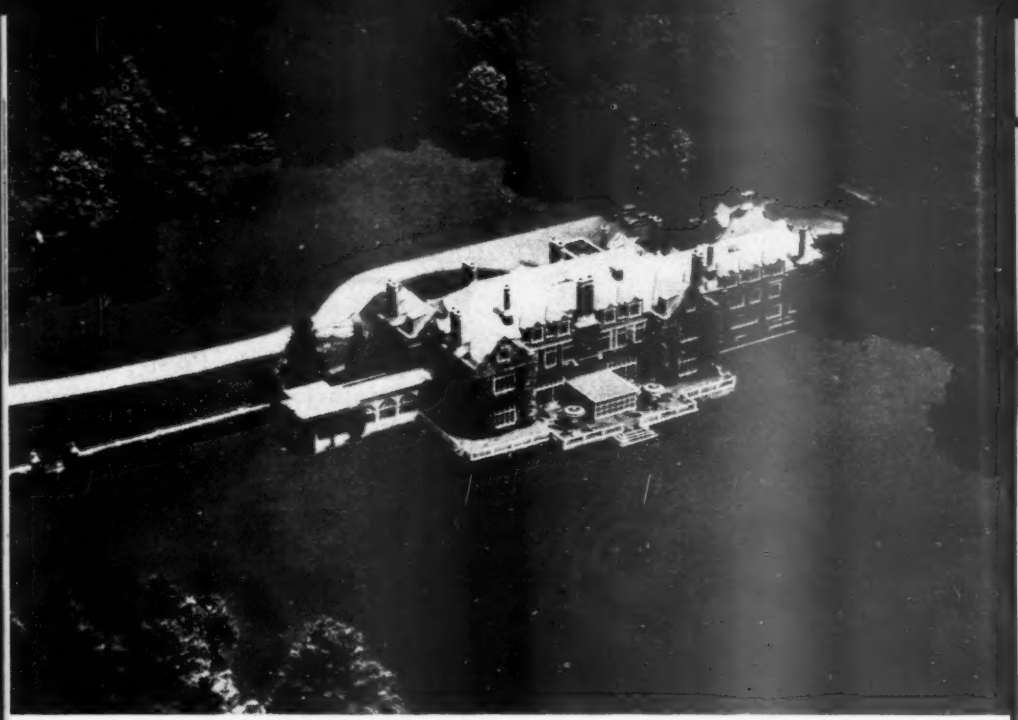
The new bill differs from the original in that it proposes a Presi-

EDITORIAL

dential Commission of fifteen members to be appointed by the President, rather than a twelve-member Commission with four to be appointed by the President, four by the President of the Senate, and four by the Speaker of the House. In the first bill, six members, including representatives from the nursing and medical professions, were to be appointed from private life and the other six were to be selected from the Executive Branch of the government, the Senate, and the House. Answerable to the President, the new fifteen-member Commission would include individuals from the nursing and medical professions, persons experienced in the administration of hospitals and public health agencies providing nursing services, and recognized authorities in the fields of social service, education, accounting, and business management.

There are no indications that the ANA, NLN, or AHA opposition to H.J. Res. 171 will be altered by the provisions of this new bill, for there has been strong antipathy toward the whole concept of a federal commission, together with criticism of the separate components of the bill. Organized nursing wants no part of any national study commission, governmental or private; the AHA, however, has drafted its own substitute bill somewhat along the lines of the original, but specifying an "*independent* study commission established under the auspices of qualified non-profit, non-governmental agencies or organizations." Financing of this commission would be by a federal grant made to the sponsoring organization, namely, the National Advisory Health Council. Membership on the commission would include the various professional organizations concerned with the health of the public.

In May of last year, the Board of Trustees of the AHA registered its disapproval of H.J. Res. 171 on the grounds that the proposed Commission was excessive in its breadth, went beyond governmental prerogatives, and would be duplicating studies already completed. AHA expressed fear that the scope of the study was limitless—that it could go beyond the study of nursing [*Continued on page 68*]



R.N. Visits the Kate Macy Ladd Convalescent Home

by Al Graham

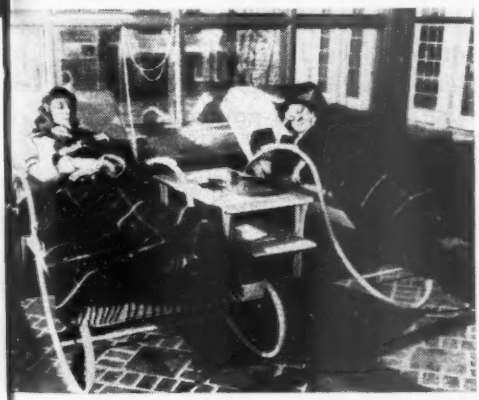
OVERLOOKING a vast estate in New Jersey's Peapack Valley stands an ivy-covered Tudor mansion which rivals anything that the stately homes of England have to offer. Its charm and the magnificence of its surroundings exemplify the heights of good taste and of peaceful, gracious living. Acres of well-kept lawns slope down to the winding Raritan River, which traverses the estate for more than a mile in its course. Evergreens and dogwood, rhododendron and flowering shrubs grace the grounds on all sides. "Out of this world!" thinks the visitor—and, in truth, it all but is.

This first impression of the Kate Macy Ladd Convalescent Home in Far Hills becomes even more striking as one enters and learns from Dr. Abram L. Van Horn, its full-time medical director, the story of an extraordinary philanthropy; for here in this picturesque setting,

top-quality convalescent care has been made available to thousands of women at no charge whatsoever.

The story begins half a century back, soon after the late Mr. and Mrs. Walter G. Ladd first came to live on their Far Hills estate. Mrs. Ladd was the former Kate Macy, whose parents have long been honored in the health field through the grants administered by the Josiah Macy Jr. Foundation. In 1907, she opened one of the numerous houses on the 1,000-acre estate as a rest home for women. This project, known as "Maple Cottage," remained one of her interests for the remainder of her life.

Her husband, anxious to further



the good work his wife had begun, provided in his will for the eventual establishment of a Kate Macy Ladd Fund which, after their deaths, would make their sumptuous mansion available as a convalescent home for "deserving gentlewomen who are compelled to depend upon their own exertions for support." (The will stipulates that the project is to terminate in 1983, fifty years after Mr. Ladd's death.) The fund, liberally endowed and incorporated as a charitable organization, has an annual income sufficient to maintain the home in such manner that its guest-patients incur no expense of any kind—not even for such incidentals as x-ray films, vitamins, or a hair-do.

Mr. Ladd died in 1933, Mrs. Ladd in 1945. When plans were subsequently initiated to convert the mansion to its present use, the fund received valuable assistance from, among others, the late Dr. Claude Munger, well-remembered by many nurses as director of St. Luke's Hospital, New York City.

After extensive alterations and the acquisition of furnishings and equipment necessary for a 50-bed convalescent home, the converted mansion welcomed its first patient-guest in mid-January 1949. Since then, the home—unquestionably the most unique establishment of its kind in the entire country—has provided convalescent care, wholly without charge, for more than 4,000 women.

Those responsible for carrying out the provisions of Mr. Ladd's will have been well aware that the spacious mansion and its serene, rural environment are not, in themselves, the prime need of the convalescent. From the outset, the emphasis has been on the provision of high quality care of a comprehensive kind. Thus, the medical and nursing services at the home are supplemented by laboratory,

Each bedroom at Ladd home has its individualized color scheme.

x-ray, EKG, and basal metabolism facilities, as well as by the services of specialists, when consultations are necessary. In addition, dietetic and social services, plus physical and occupational therapy, are available to all patient-guests.

Admission to the home is made through referral by the patient's own physician and with the approval of the hospital from which his patient is being discharged. The hospital must agree to readmit her should she suffer a sudden relapse. For this reason, the home accepts only patients from hospitals within an hour's reach of Far Hills. Even so, its bed occupancy averages better than 80 per cent of capacity, and its patients come from more than eighty different hospitals, most of them in northern New Jersey. Thus far, the home has averaged to care for some 600 women annually.

To be eligible for admission, the individual must be in the 18-to-70 age group, ambulatory, and free from communicable diseases, mental disorders, uncontrollable seizures, and malignancy or other conditions requiring long-term care. Actual records for the past seven years show that about 80 per cent of those admitted are over age 40, and that the majority are either business and professional women (including about sixty nurses annually) or housewives. Approximately two-thirds are recovering from surgery, one-third from medical ailments. The average stay is 22.1 days, with a minimum of two weeks and a maximum of four

weeks specified for the guests.

Until recently, Dr. Van Horn personally attended to all medical care; now he has an M.D.-assistant to aid him with the physical examinations of incoming patients, the ordering of blood tests, urinalyses, and so on. In his dual role as medical director and administrator, he also supervises the nursing care and other services—seeing to it that the home's high standards are constantly maintained and that each convalescent is accorded the individual attention due a guest (the term which the home prefers to that of "patient").

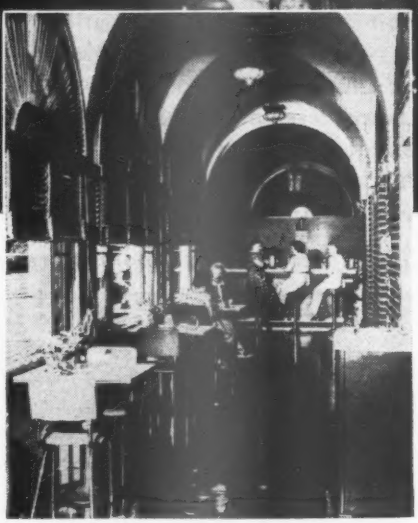
Nine R.N.'s, headed by Mrs. Eva G. Gardner, chief nurse, comprise the professional nursing staff. Seven of them work a full-time 40-hour week, and two are employed on a part-time basis. They are assisted by seven full-time aides. Schedules are arranged to provide round-the-clock nursing service. Duties, obviously less arduous than the average nurse encounters in caring for the acutely ill, include special emphasis on the emotional and psychological needs of convalescents. (Unsolicited letters from guests testify to the nursing staff's excellent results in this direction.)

The relatively small size of the staff, together with the unusually fine working conditions which the nurses enjoy, have helped to obviate either a turnover or a shortage problem. The grandeur of the estate is, of course, an undeniable attraction for the nurse who wishes to live and work in the country.

The professional and administrative staff also includes a medical technologist, a medical social

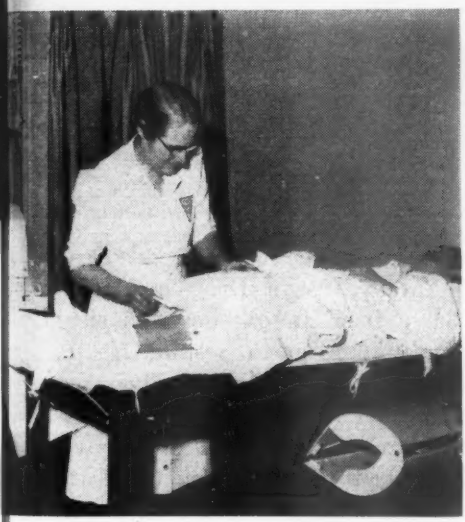
This spacious living room affords perfect relaxation for convalescents.

Meals are served at tables for four in a paneled, sun-lit dining room overlooking the picturesque Peapack Valley. Guests and their visitors may patronize the home's fully equipped soda fountain.



Professional beauty treatment —a real tonic for any convalescent woman—is available at the hands of an experienced operator. Even this service is free of charge at this endowed home in New Jersey.

Round-the-clock nursing service is provided by a carefully selected staff composed of nine graduate nurses and seven aides. The nurses' station is centrally located to save needless steps. ➤



➤ *Physiotherapy plays an important role in the treatment of many patients at the Kate Macy Ladd Convalescent Home. All treatments are given by an experienced physiotherapist employed by the home.*

Special emphasis is placed on occupational therapy in the program of complete rehabilitation which the home advocates. Well-planned activities keep hands and minds busy at easy-to-learn crafts. ➤

worker, an occupational therapist, a dietitian, a physical therapist, a medical-records librarian, a bookkeeper, an executive housekeeper, a hostess, and a superintendent of buildings and grounds. All told, including kitchen help, auxiliary workers, and a large ground crew, the Kate Macy Ladd Convalescent Home employs approximately seventy people.

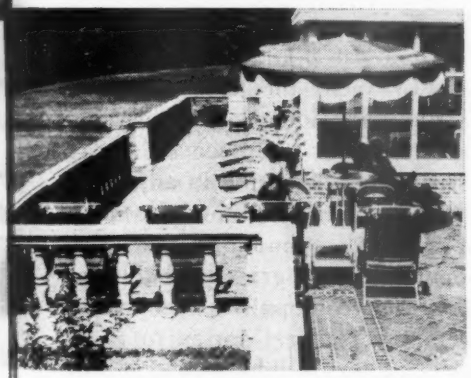
As important in its way as the philanthropy which established the home is its concept of convalescent care. Based solidly on findings brought to light since 1942, when early ambulation first led to scientific study of the convalescent's needs, this concept begins by recognizing the fact that not all patients require such special care.

"Many," says Dr. Van Horn, "have been in excellent physical condition prior to hospitalization, and the nature of their illness or operation is such that a rapid return to normal health should follow. On the other hand, there are some who have been in poor physical condition for years; with the advent of acute illness or extensive surgery, their reserves may be so depleted that one can anticipate the need for a planned program of convalescence extending over several weeks.

"Obviously, there are innumerable variations in the specific needs of individual patients for certain types of convalescent facilities.

These should be recognized by the attending physician, and the facility selected should be the one best prepared to meet the need of the patient.

"Early ambulation might well be considered a basic tenet in providing modern convalescent care; obviously, it should begin in the hospital—as, in fact, it usually does. Some observers feel that the entire recovery program should also be carried out there. Others feel that the hospital setting is much too formal, too rigid, too reminiscent of illness (not to mention death), and much too costly to be an appropriate environment for the recovery period. Those of us who share this view favor an atmosphere which is a reasonable



transition between a hospital and the patient's own home.

"It has been amply proven that good medical care and supervision can be provided outside the hospital. It can also be readily demonstrated that patient response to a less formal setting is invariably more sanguine and buoyant than could be found among those in a convalescent unit of a hospital.

"The provision of adequate convalescent care depends in large measure upon the degree of cooperation between the referring physician and the physician in the convalescent home. Information which the former can supply has an important bearing on the latter's care and supervision during the recovery period.

"It should also be recognized that certain underlying factors—such as obesity or hypertension—are frequently brought into sharper focus as the patient gradually returns to health. A severe illness or an extensive operation may even activate an underlying diabetes or a hyperthyroidism. These conditions may not become apparent until the patient is well on the road to recovery. By recognizing them, instituting appropriate control measures, and reporting fully to the referring physician, the convalescent home can be of immeasurable value.

"Finally, it has a unique opportunity to assist the patient in acquiring such healthful living habits as weight control, good posture, and leisure-time activities which will be of lasting benefit."

ERRATUM

Our apologies to Mary Harkness Convalescent Home and Burke Convalescent Home—buildings of similar architecture—for transposing picture captions in "Patterns of Convalescent Care" (R.N. *Feb.*)

SCIENCE vs OBESITY

OBESITY among adult Americans is one of this country's most pressing medical problems. Statistics indicate that at least 25 million people are from 10 to 20 per cent overweight and that the death rate from degenerative diseases is significantly greater among the obese than in those of normal weight.

While most people are probably unaware of a link between obesity and increased mortality, the public is, nonetheless, acutely concerned with weight reduction. Bombarded by a barrage of advertising stressing the social desirability of slimness, people are purchasing millions of dollars worth of special foods, beverages, medicines, and gadgets for preventing or curing corpulence.

Much of the propaganda put forth by the purveyors of these products is either misleading or harmful, and most of the pseudoscientific pronouncements made by self-styled dietary "experts" are equally baseless. Despite promises of short cuts to successful weight reduction, the sad fact seems to be that the long-term treatment of obesity is an extremely complex and difficult problem.

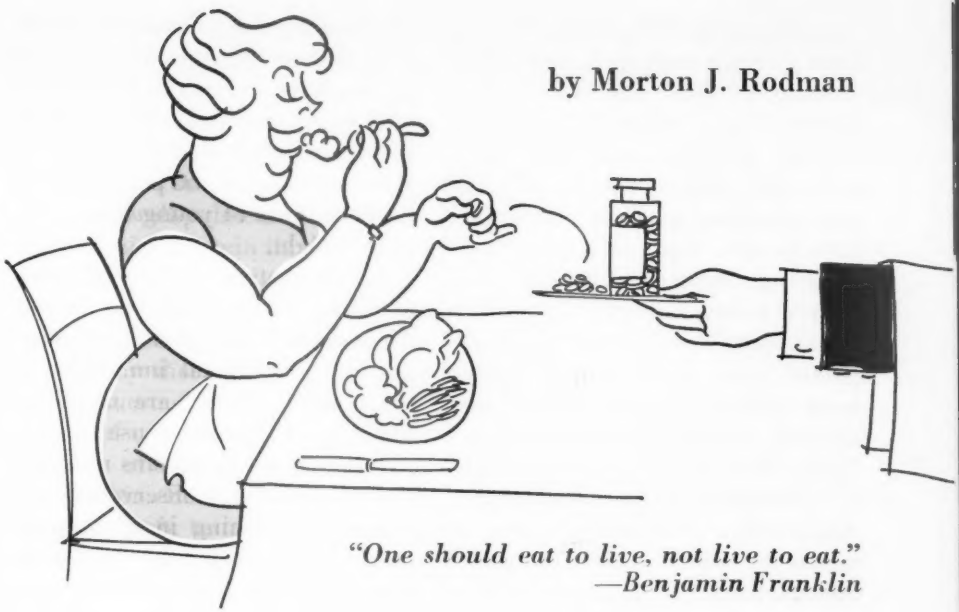
Superficially, the reason people get fat seems simple enough: when we eat more food than we need for doing work and producing body heat, the excess energy is stored in the form of fat. But this doesn't begin to answer the basic question of why some people habitually overeat.

Neurophysiologists have found that certain brain centers are closely concerned with the regulation of eating. Destruction of one small group of cells in the hypothalamus of experimental animals causes them to eat excessively and become extremely obese. Cutting the nerval connections between this area and the frontal lobes of the brain also leads to overeating. On the other hand, injury to a nearby "feeding" center makes the animals refuse to eat at all, even when food is put directly into their mouths.

Many physiological and psychic factors appear to influence the way these centers function in adjusting the appetite to the body's metabolic needs. Emotions, such as anger, fear, and grief, probably initiate nerve impulses that travel from the cerebral cortex to these lower centers to inhibit hunger and appetite. Conversely, more subtle psychosomatic influences may disturb this delicately adjusted "apetstat" in a way that results in compulsive overeating.

A physical factor believed to play a part in controlling the desire for food seems to be the amount of sugar available to the

by Morton J. Rodman



"One should eat to live, not live to eat."
—Benjamin Franklin

brain. According to this theory, certain sugar-sensitive cells control the brain's vital fuel supply. These centrally situated "gluco-receptors" play a part in producing the sensations of appetite and hunger. The desire for food is said to develop only when the supply of glucose to these receptors is reduced. A high blood-glucose content, on the other hand, causes these cells to initiate impulses that inhibit hunger and abolish the urge to eat.

Some scientists suggest that abnormal appetites may be due to a disturbance in these central receptors or to some basic defect in the complicated reactions of carbohydrate metabolism. Investigators in the Nutrition Department at Harvard have shown that many people who are putting on weight at an abnormal rate show a much smaller rise in blood sugar after a special test meal than do people of normal weight. The comparatively low carbohydrate content of the blood may cause the obese to continue eating beyond their caloric needs. In addition, a more rapid return of blood glucose to fasting levels may explain why they feel the return of hunger pangs much earlier than normal subjects.

This "glucostatic" theory has served the useful purpose of showing how intricate the body's weight-regulating processes really are and the infinite number of ways in which the delicately balanced mechanism can be upset. Furthermore, recent research has revealed the multitude of enzymatic, hormonal, nervous, and psychological factors that play a part in weight adjustment. Hence, doctors have

come to realize that obesity is more than a simple matter of overeating.

Many of them now believe that weight control must be tailored to fit each patient, depending upon individual differences in physical and emotional make-up. Some say, for example, that enforced weight-reducing regimens may be completely contra-indicated for a few fat people. Psychiatrists have reported that some young people have suffered serious mental disorders, including psychotic reactions, when forced to lose weight by strenuous dietary restriction. Apparently, overeating was a means by which these youngsters had managed to maintain a precarious adjustment to life since early childhood; eliminating this "crutch" constituted an attack on their security.

While such disastrous reactions are rare, they point up the fact that the doctor should decide who should reduce, and how much. Oddly enough, determining the weight that is best for a particular patient is often not easy, even for the expert. The common tables of "normal" weights may be misleading. Based as they are on obsolete conceptions, they don't differentiate between the weight of bone and muscle and that of useless accumulations of fat.

Because of the undependability of such tables, medical scientists have been trying to devise new methods of measuring the actual amount of body fat. Various techniques have been introduced for determining the proportion of adipose tissue in the body. Such studies have shown that our tissues tend to become infiltrated with fat as we age; also, that the tissues of older men contain 50 per cent more fat than those of young men of the same weight.

Unfortunately, most of these methods, which make use of soft tissue x-rays, injections of isotope solutions, and total immersion of the body in water, are much too difficult for doctors to use in office practice. Most physicians must still depend on visual observation and judicious pinching in appropriate areas. Pinching a fold of skin between thumb and forefinger or with special calipers can often give the doctor a rough approximation of the total degree of fatness.

After deciding on a desirable weight for his patient, the doctor must next meet the challenging problem of what to do to bring about the wished-for weight loss and maintain it. Dietary restriction to decrease caloric intake is, of course, the most commonly employed measure. Unfortunately, lasting weight loss is seldom achieved through diet alone. Statistics show that even among successful dieters, more than four out of five regain the lost poundage; some even become heavier than before.

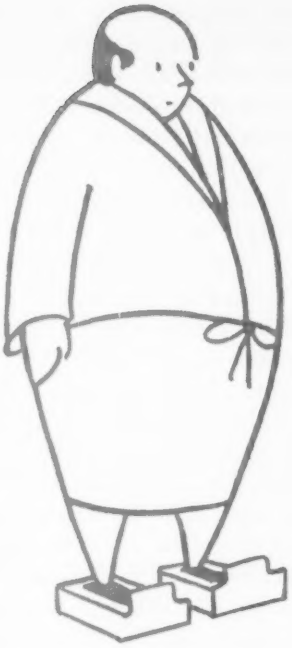
The reason is not hard to understand: Hunger is one of the most powerful forces motivating human behavior. Despite heroic self-denial and self-restraint, most people are

finally driven by starvation to eat, or even to overeat. Probably the best proof of the lack of long-term success with dietary treatment is the number of contradictory diets advocated as sure cures for obesity.

Some well-publicized diets demand a high protein intake; others call for an extremely low proportion of protein. One novel diet even suggests that fat be unrestricted on the theory that eating it will lead to an automatic reduction in the intake of carbohydrate, which proponents of this plan consider the real villain. Some diets emphasize certain foods to the exclusion of others: steak three times a day; grapefruit and boiled eggs at every meal; bananas at all meals and between meals.

The number, size, and spacing of meals also appear to be in dispute. Several small snacks spread over the day and night are sometimes suggested instead of three formal feedings; some sing the praises of a big breakfast and no lunch; others suggest that the morning meal be eliminated entirely. Small wonder that the confusion created by all such well-meaning but largely misguided advice offers a fertile field for the frankly mercenary.

The very human desire to lose weight the easy way is widely exploited by promoters of pills, potions, "health" foods, and mechanical devices of every description. Contrary to extravagant commercial claims, most of these products are completely ineffective. Often the formulas look like cake or



Weighing the Heavyweight

OCCASIONALLY nurses are faced with the problem of weighing a patient who is heavier than the 250-pound capacity of an ordinary bathroom scale. One suggested method of weighing heavyweights utilizes two scales of the same type. Arranging the scales side by side, have the patient mount them, placing one foot on each scale; he should then stand perfectly still, without trying to make each scale bear an equal weight. When the scales' revolving registers stop, add the two readings together. The total will be the true weight, even though the two readings differ by ten pounds or more.

—HOWARD H. WALRATH

candy recipes lightly laced with a variety of vitamins and minerals. (While vitamins may serve to supplement a diet deficient in such nutrients, they have no weight-reducing properties; some may even serve to stimulate appetite.)

Drugs, in general, have little place in the management of obesity, except for a few that may be used under medical supervision as adjuncts to low calorie diets. Amphetamine and its analogues may be useful in helping a patient to stick to his diet during the early weeks of treatment. These "anorexigenics" are thought to act directly or indirectly on the appetite-regulating center, depressing the desire to eat. They may also furnish desirable psychological support in strengthening the patient's will power.

Because amphetamine-type drugs act through stimulation of the central and sympathetic nervous systems, there was some early concern that they might be harmful to the heart and blood pressure or cause addiction. Experience has proved the drugs safe when given in proper dosage. Except for a few side effects, such as occasional nervousness and insomnia in some people, no ill effects have been reported.

Other drugs that act more directly to stimulate the rate of body metabolism have, however, been condemned as dangerous. Dinitrophenol, for example, has been outlawed because of its many serious toxic actions. Thyroid extracts and derivatives, which also speed the rate at which body tissues burn food, are also considered unsafe for most patients. Except in the few fat people who are actually suffering from hypothyroidism, thyroid preparations are ineffective in safe doses. Toxic doses may indeed raise the metabolic rate and bring about a loss of weight; but the hazards of hyperthyroidism are even worse than those of obesity.

The use of cathartic compounds to speed the passage of food through the intestine and lessen absorption of nutrients has been strongly condemned. Bulk producers, such as methylcellulose, which were supposed to lessen the appetite by giving a feeling of fullness, have proven worthless, too, as they cannot be taken in amounts adequate for distending the stomach. Natural bulk producers, such as fibrous fruits and vegetables, are much more effective and considerably less expensive.

An alternative to decreasing caloric intake is to increase the rate of energy expenditure. Until recently, it has been commonly held that physical activity defeats its purpose, because it results in an automatic gain in appetite and, in any case, consumes comparatively few calories. Both of these views have been challenged as a result of recent research, indicating that exercise may be very valuable in certain circumstances.

Experiments have shown that the overweight person actually burns up more fat for the same amount of exercise than does a person of

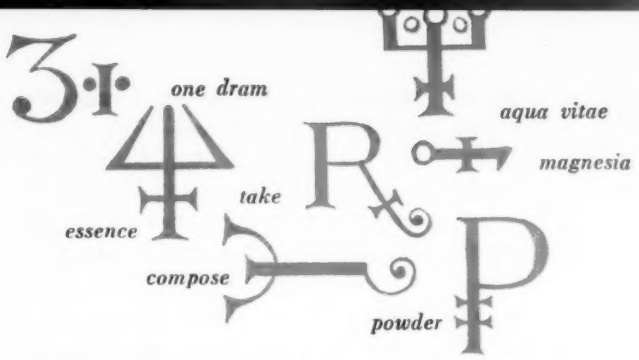
normal weight. This means that a fat person of sedentary habits has a better chance of losing weight by exercising than had been previously believed.

It has been common to quote such discouraging statements as, "It takes seven hours of woodchopping to work off a pound of fat." This implies that exercise is an impossibly wearying way to try to lose weight. Actually, this energy expenditure need not take place at one session: regular exercise for short periods daily adds up to the same result. Thus, woodsplitting doesn't seem so exhausting when done in doses of a half-hour daily over a two-week period; and such exercise carried on for a year is the caloric equivalent of 26 pounds of body fat. Practically speaking, this means that even a sedentary person should be able to increase his caloric expenditure by several hundred calories daily without undue physical discomfort or increased appetite.

But getting rid of excess fat is more difficult than preventing it from accumulating in the first place. The key to keeping trim and fit, rather than fat and flabby, lies in achieving a balance between food intake and physical activity. This can be best accomplished by developing good eating habits in youth, along with skill in such sports as swimming, tennis, and mountain climbing, which can be carried on even in the later years of life.

PROBIE

"SHE HAD A FLAT!"



DEXTRO-AMPHETAMINE SULFATE U.S.P. (*Sympathomimetic Agent*)

PROPRIETARY NAME: Dexedrine Sulfate

PHARMACOLOGY: This amphetamine isomer has a more potent central stimulating effect and a weaker sympathomimetic action than the racemic compound. It is useful as an adjunct in treatment of numerous conditions, including the symptomatic relief of mild psychogenic depression, alcoholic psychoses, and the dietary management of obesity. In proper dosage, it depresses the appetite and raises the spirits without causing undesirable stimulation of the central and sympathetic nervous systems.

DOSAGE: For appetite control in obesity, divided doses of 15 to 30 mg. daily are taken one-half to one hour before meals. In other conditions, doses range from 5 mg. to 50 mg. daily.

UNTOWARD ACTIONS: While tachycardia and rises in blood pressure are rare, the drug should be used cautiously in patients with hypertension and coronary or cardiovascular disease. Taken too late in the day, the drug may cause insomnia. It should not be given to patients who are hyper-excitable.

METHYLCELLULOSE U.S.P. *(Laxative)*

PROPRIETARY NAME: Cellothyl

PHARMACOLOGY: Methylcellulose is a synthetic hydrophilic colloid capable of absorbing ten times its weight of water. Taken with water, it forms a colloidal solution in the upper intestinal tract that is later converted to a gel in the colon. Because it imparts a feeling of fullness, it is used in some weight-reducing products. The drug has been used more effectively in the treatment of constipation to increase the bulk of the stool and stimulate peristalsis.

DOSAGE: Tablets or granules are taken with water two to four times daily in doses of 1 to 1.5 Gm.

UNTOWARD ACTIONS: Although fecal impaction and obstruction have been reported occasionally, the drug is considered safe when discriminately used. It is no substitute for re-education in constipation caused by improper dietary and fluid intake, lack of exercise, nervous tension, and failure to establish a "habit-time."

DRUG DIGEST

SODIUM LEVOTHYROXINE N.N.R. *(Hormone)*

PROPRIETARY NAME: Synthroid Sodium

PHARMACOLOGY: The levo isomer of thyroxine is absorbed more efficiently than whole thyroid or the racemic form of the hormone. While it can cause loss of body weight by increasing the catabolism of carbohydrate, fat, and protein, it should be used for this purpose only in hypometabolic states due to thyroid deficiency. The hormone is most useful in conditions resulting from lessened or absent thyroid function such as cretinism and myxedema.

DOSAGE: Levothyroxine is about twice as active as d-l thyroxine and is effective in smaller doses. For adults, doses of 0.05 mg. to 0.1 mg. are used to initiate treatment and adjusted in accordance with the patient's response until metabolic balance is achieved.

UNTOWARD ACTIONS: Excessive doses may cause symptoms typical of hyperthyroidism, including nervousness, tremors, rapid heart rate, flushing, sweating, and marked loss of weight.

CYCLAMATE SODIUM N.N.R. *(Sweetening Agent)*

PROPRIETARY NAME: Sucaryl Sodium

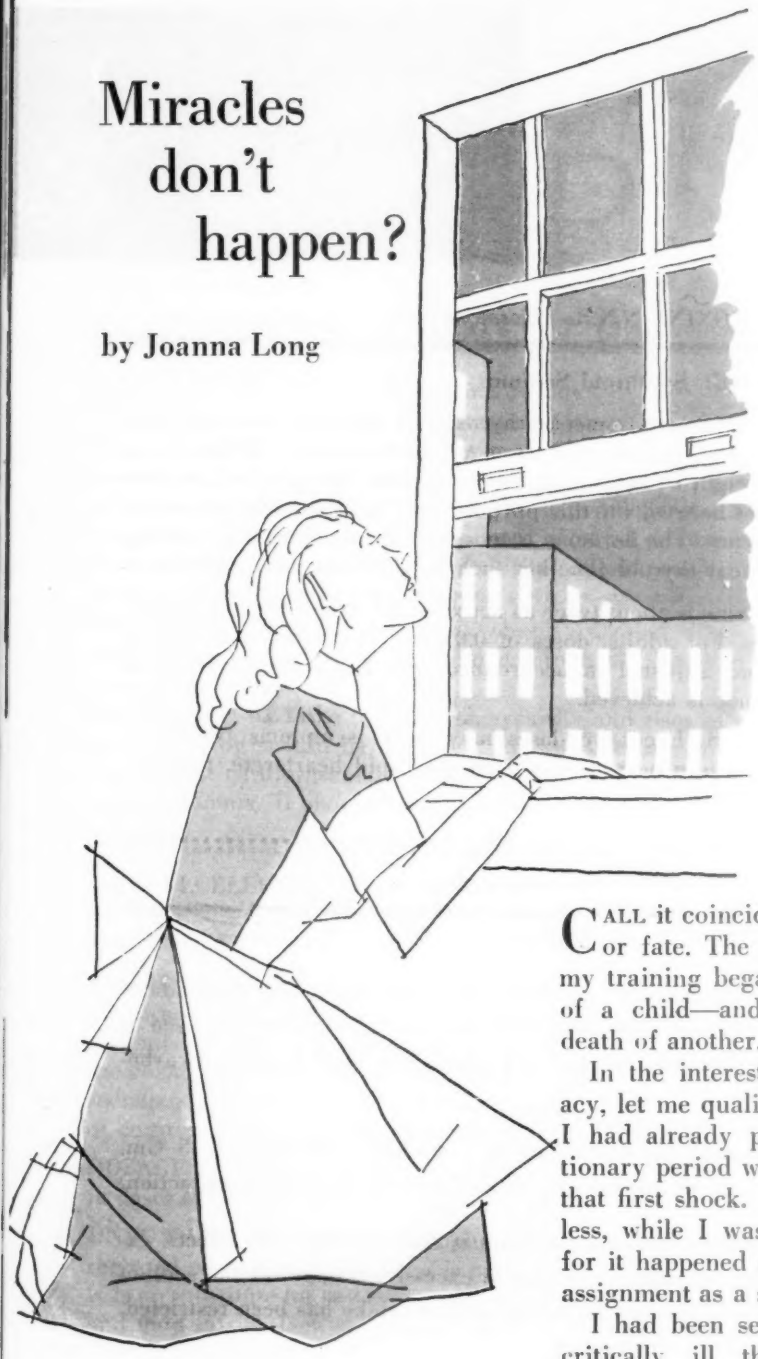
PHARMACOLOGY: Cyclamate sodium is a synthetic sweetening agent about thirty times as sweet as sugar. Because of its non-nutritive nature it is used to replace sugar in the diets of diabetics and others who have to control carbohydrate intake.

DOSAGE: Tablets containing 0.125 Gm. or a solution containing 0.15 Gm. per cc. are equal to about one teaspoonful of sucrose in sweetening action.

UNTOWARD ACTIONS: Cyclamate sodium is free of toxic side effects, except for the possibility of cathartic action in excessive dosage. If the sodium content is undesirable in patients for whom sodium intake has been restricted, cyclamate calcium may be substituted.

Miracles don't happen?

by Joanna Long



CALL it coincidence, if you will; or fate. The fact remains that my training began with the death of a child—and ended with the death of another.

In the interests of strict accuracy, let me qualify that statement: I had already passed my probationary period when I experienced that first shock. It came, nonetheless, while I was still a beginner, for it happened on my first major assignment as a student nurse.

I had been sent to help with a critically ill three-year-old boy

whose shabbily dressed parents had rushed him to the hospital only a short while before. Now, with anxiety stamped on their thin faces, they were pacing the corridor just outside his door. Within, a doctor and a staff nurse were bending over the child's bed as I entered.

"Diphtheria, no doubt," I heard the doctor say.

That the child was desperately sick I could readily see. Presently he began gasping for breath. His pale skin turned dusky—and the doctor immediately ordered an emergency tracheotomy.

I could feel panic pressing in on us, in spite of the doctor's rigid calm and the staff nurse's quiet efficiency.

Quickly we brought the child's shoulders to the edge of the bed, allowing his head to hang over it. I helped the nurse prepare a surgical tray. The room was silent except for the child's ragged breathing and the sound of the parents' footsteps in the hall.

The doctor made the incision and inserted the tracheotomy tube.

Suddenly, all was silence. Breathing and footsteps seemed to stop simultaneously. They know, I thought.

"Coramine!" snapped a voice—the doctor's.

Ampule in trembling hand, I tried to fill a syringe with the stimulant, but nothing happened. Again I tried, but with no better result. I could feel the doctor's angry stare. "Okay," he sneered in a tone heavy with sarcasm, "take your time. We've got all day!"

The nurse shot me a pitying glance. "The needle is probably plugged," she said, handing me a new one.

I filled the syringe and made the injection—automatically and without haste—aware that the child was dead.

The doctor sighed. "I'll go tell the parents," he said. The nurse straightened the limp, white body and covered the incision. "They'll want to see him," she observed.

Numbly, I tidied up the room and put the instruments away. One thought alone—an icy, awesome thought—filled my mind: Had the Coramine been administered promptly, would it have kept life flickering a while longer?

That evening I waited outside the morgue door, hoping to learn the results of the autopsy. The doctor, with no evidence of concern on his face, came out, passing me without recognition. He's forgotten it, I thought; why can't I?

A moment later, an intern came out. I stopped him and asked what the findings had been.

"The lungs were completely congested." he told me. "The kid had probably had pneumonia for some time. They waited too long before calling a doctor. He should have been brought to the hospital sooner. Too bad."

"Yes." I said weakly, "too bad."

There were countless times during the next three years when the remembrance of that terrible day

returned to plague me—to fill me with a deep sense of personal inadequacy. Often I felt like a child playing nurse. Responsibilities, I felt, were being thrust upon me—duties that I had no right really to assume.

Invariably this feeling of inadequacy led to rebellious desires. I deliberately broke one of the rules—staying out after hours—half hoping to be caught and expelled. Once, in my senior year, I packed up and went home; but my strong-willed mother shamed me and shooed me back before I was missed.

Undoubtedly I worked harder and studied more diligently because of this feeling of inadequacy. Yet despair was my constant companion throughout those three long years.

Finally came the day before graduation. I was sent to replace a nurse in the emergency room. It was late in the day, and the other nurses soon went to supper, leaving me in charge. "If anything comes up, page us," they said.

Grateful to be alone for a few minutes, I sat at the desk planning my preparations for the next day's activities. I could hardly believe that graduation was at last so close at hand.

My thoughts were sharply interrupted by the scream of brakes outside, followed by the sound of running feet. Hurrying to the door, I saw a man carrying a child and a terrified woman just behind them.

I put in a rush call for the doctor, then helped put the unconscious child on the table. She was about five years old, with fragile features and fine, light hair. "It was all my fault," moaned the woman, "all my fault! She'd never have fallen out if I'd only remembered to lock the car door. Oh, my poor little darling!"

The phone rang. "I'll be right down," the doctor assured me, "what is it?" Briefly, I told him, explaining the child's condition. "Okay," he said, "if her pulse gets weaker, give her Coramine."

Returning to the table, I saw at once that the child's breathing had become extremely shallow. Her pulse flickered feebly under my fingers. *Coramine!* I had no idea where they kept it.

The shelves of the medicine cabinet revealed row upon row of bottles. All shapes, all sizes. My eyes blurred as I tried to read the labels. Where was the Coramine? Not again, I thought; I can't stand it. A vast, wordless prayer rose up within me.

Blindly, I reached for a vial and read the label. *Coramine!*

The doctor and the nurses came in while I was giving the injection. For the next hour, we all worked frantically to save that little life. But the child had been severely injured internally, and she died without regaining consciousness.

It was late when I returned to my room, drained of emotion and exhausted both mentally and physically. My roommate was already asleep, so [*Continued on page 74*]

CANDID COMMENTS

James M. Gustafson

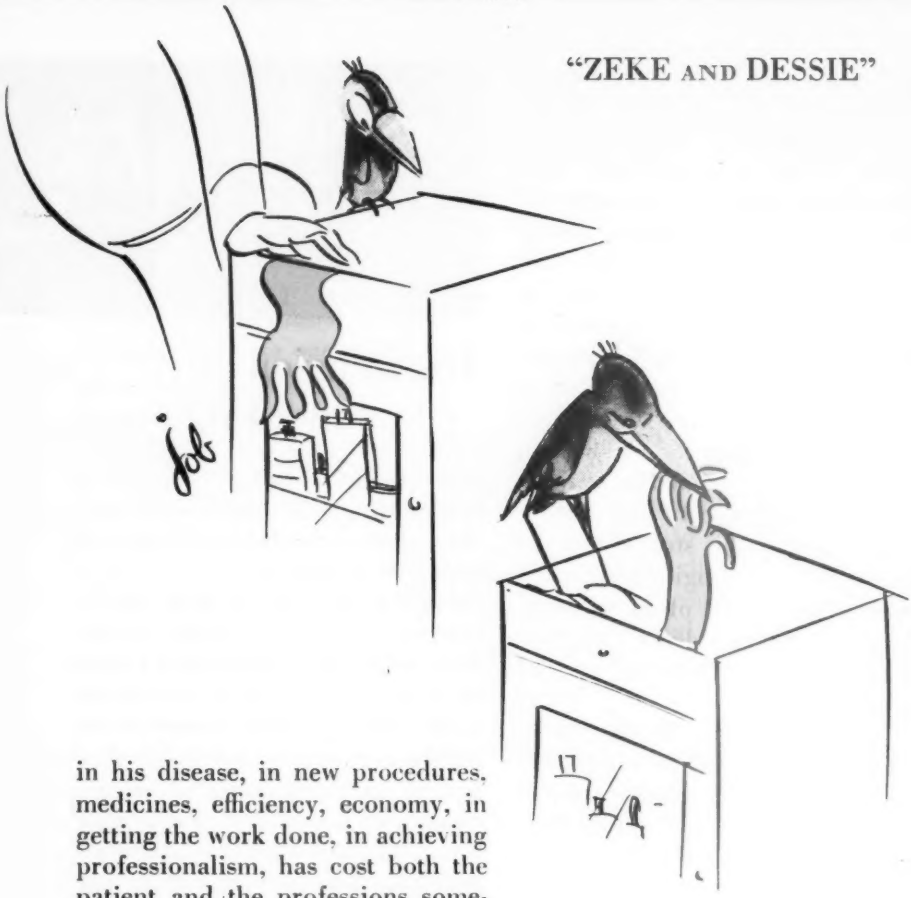
The Religion of a Profession

Among the profound changes occurring in American life today is the turn or "return" to religion. "There may have been moments when religion was more intensive in the United States," writes Gustave Weigel, S. J., in *America*, "but never a time when it was so extensive." The fact is obvious in the new churches and synagogues rising in cornfields as well as in city lots; in religious "weeks" at many universities; in swelling church rolls; in printed prayers on menus in dining cars and restaurants; and in the steady flow of new books on religion—some of them of the "peace of mind" type, but many that go deeply into the history and principles of various forms of belief.

We are too close to the movement to know its full meaning. One of the best books on the subject that has come to hand is Will Herberg's *Protestant-Catholic-Jew*, in which he points out sociological as well as spiritual reasons for the movement. Man needs to belong to *something*. The racial distinctions of the past have been fused in America's melting pot, so man turns to religion for his identification as "Protestant," "Catholic," or "Jew." But there are deeper reasons. "The crisis of our time is a crisis of faith," says Herberg. "Man needs faith, a total, all-embracing faith, for living." The materialism and depersonalizing pressures of today have left man anchorless; he wants something more enduring to which to give himself—a personal, untouchable security. He has a hunger for something bigger and finer than personal comforts, and he wants to help others.

Nurses, doctors, in fact, all the members of the "helping" professions who deal directly with people have a dual interest in this movement. Beside their personal religious convictions is their dedication to the well-being of people. (Make no mistake: it *is* a dedication.) These professions are established on one premise: that man can help himself out of trouble and illness, that he can expand to his greatest potentialities, if he has the help of people skilled in the arts and science of health, education, and sociology. That is the reason for our existence as professions—to help man help himself. Thus, *his* well-being is, in a sense, the "religion" of our profession; as a patient, *he* is the center of our professional universe.

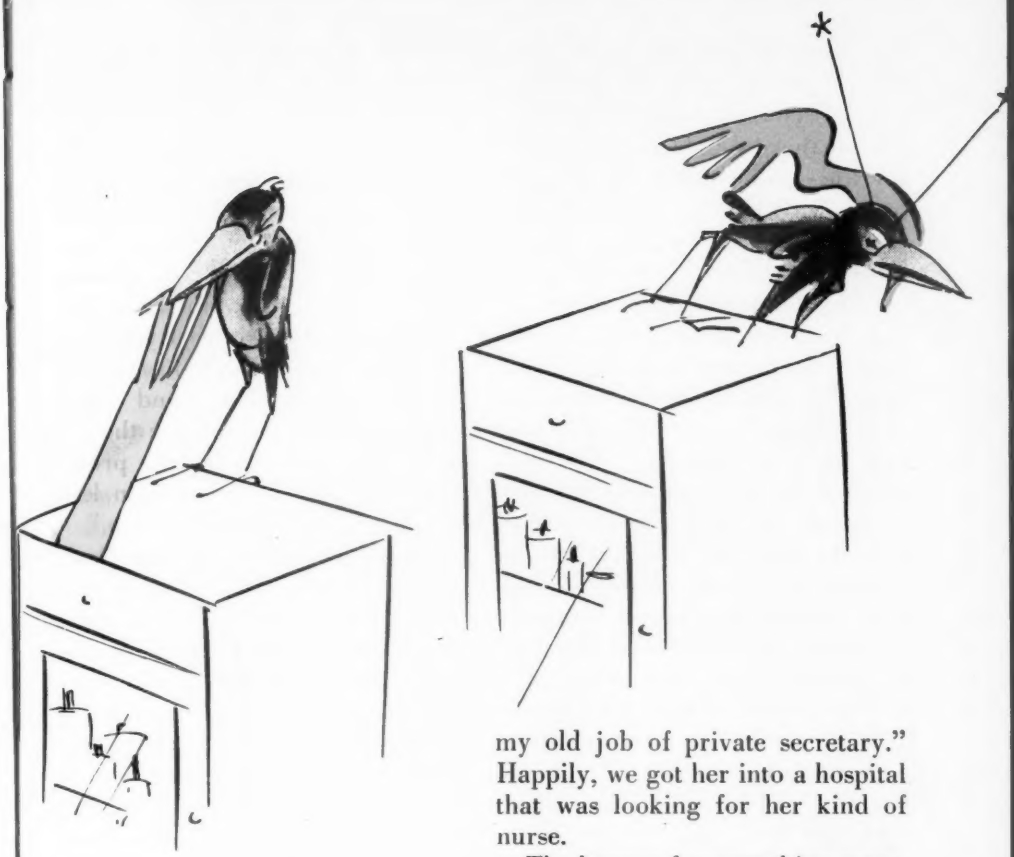
There can be little doubt that we have lost some of this kind of "religion." The vast depersonalization of the patient in favor of interest



in his disease, in new procedures, medicines, efficiency, economy, in getting the work done, in achieving professionalism, has cost both the patient and the professions something that is vital to life. And both are now showing signs of hunger for a return to the faith.

Science has focused our eyes on material things, and tended to obscure values beyond the material. When Mr. Ford recently dropped many unexpected dollars into hospital laps, the remarks we heard were more often, "Now we can have new buildings, an addition, new equipment" rather than "Now we can strengthen our *services* and give our patients more complete care." When a prevailing generation is preoccupied with *things*, it is small wonder that a rising generation follows suit. But it seems to me that our young people are the least satisfied with today's offerings; that it is their hunger for something which is lacking that is strongly influencing the change.

Recently, I met the secretary of a board of nurse examiners. She was glowing. "I've just come from a meeting of the state student nurses association—the finest group I've yet seen." I asked, "How many of them will we keep? Why do we lose so many?" Her sober



reply was, "I think one reason is that we're not lighting fires."

In a restaurant I sat down beside a young woman brooding over her coffee. I learned that she was a general duty nurse trying to reach a decision. "I've worked in four hospitals in the last six months. In each I simply ran around giving treatments, but not doing what I *need* to do—really help patients. There are so many who need the talk, encouragement, understanding, and little things nurses can give. I think I'll be less unhappy in my old job of private secretary." Happily, we got her into a hospital that was looking for her kind of nurse.

The hunger for something greater than a job to give oneself to prevails wherever there are good people. A schoolteacher, whose youngsters were always *ready* for the next grade when she passed them, says sadly, "Now we're discouraged from helping Johnny with his arithmetic so he can pass. We must pass the class as a whole, regardless of marks. And the Johnnies know neither the discipline of effort nor the the triumph of personal achievement."

Mass production has submerged the individual. The old song of the coat salesman, "Put it on, take it

off, wrap it up, take it home," seems to fit many of the assembly-line procedures of today. The conditions that brought on the assembly lines will change, but ponderously. Yet I believe our trouble lies more in attitudes than in conditions. We think in terms of mass production, not of the individual.

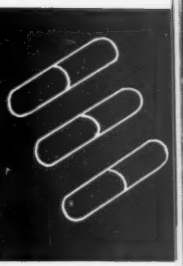
It takes no more time to *think* of the patient as a person, away from his familiar and secure way of life, than it does to think of him as a receiving device for shots and potions. We may acknowledge that he has a mind and soul as well as a body; but even while we try to analyze him as an entity, we can miss "seeing" him unless we reach out with respect and love. The late Bernard DeVoto said shortly before his death, "The older I grow, the more I think that the most important thing in life is human warmth." When the corner policeman came in to say a prayer at the coffin of a teacher, he said, "She had a way with her, even in saying 'Good morning,' of making a fellow think better of himself." This teacher's respect for people, and her love for all mankind, were unwittingly revealed in her every human contact. To me, that epitomizes the basic "religion" of the professions.

The attitudes of most of us are influenced by those our leaders demonstrate. One of the busiest, yet calmest, nursing directors I know finds the time to make hospital rounds. Her genuine interest in patient welfare is highly contagious. I often wonder if doctors realize how much their attitudes toward patients affect the very nurses that come under their criticism. A private duty nurse asked the surgeon who was examining the patient's back incision, "Doctor, would you mind coming around to this side of the bed? Our patient wants to see what you look like." The surgeon halted as though struck, then grinned and came around to sit down before the patient. They had a mutually profitable talk and, as the surgeon left, he murmured, "Thanks, nurse."

Sidney J. Harris, *Chicago Daily News* columnist, said, recently, that many people do not *know* their own religion. They abide by its teachings, have emotional ties with their churches, but do not know the content and meaning of their faiths. I believe this is just as true about some members of the nursing and other professions. We learn the lessons, adopt the techniques, repeat the code of ethics, yet the deep spiritual meanings underlying them have never really penetrated our beings. Again and again we repeat the phrase, "The patient comes first!" Have we pondered the full meaning of that phrase? In a ward we saw an instructor do a superb bedside teaching job, but it was about a fracture, not about a patient. The latter might have been a log of wood, petrified by the technical words he'd heard.

A frail, young woman was having a cast put on her arm that was broken [*Continued on page 80*]

NEWS CAPSULES



NEWS A crackdown on the correspondence schools offering "quickie" courses in practical nursing has been started by the Federal Trade Commission, which alleges that many are using "misleading and false advertising" to attract students. Hearings in Chicago and Indianapolis revealed that 100 such schools throughout the country had already come under FTC scrutiny.

NEWS Early reports on the proposed use of Ford Foundation grants in New York City indicate that St. Clare's Hospital plans to build a residence for graduate nurses, and that Roosevelt Hospital will provide scholarships and loans for both student and graduate nurses.

NEWS Staff nurses at Mt. Sinai Hospital and Clinic, Los Angeles, have reportedly initiated a fund-raising campaign for the purpose of providing critically ill clinic patients with private duty nursing.

NEWS A bright spot in the nursing picture is reported in North Carolina by F. Ross Porter, superintendent of Durham's Duke Hospital. Highlights of the report: North Carolina now has more nursing students (3,000) in its thirty-four schools than any other Southern state; more nurses are staying in their home communities; more married nurses are working. Some factors cited as helping the shortage at Duke are: a 40-hour week, a one- month orientation program, team nursing, and postgraduate studies. However, a somber note is sounded: "There is still a very acute shortage of administrative, specialist, and teaching nurses."

NEWS A government-owned research hospital in Salisbury, England, has offered free vacations to 600 persons willing to try various ways of catching cold. Over the past nine years, the hospital has entertained 4,500 such "vacationists" in its study of the common cold.

NEWS For administering first aid in a local traffic accident, seven nuns, including Sister Ancilla, an M.D., and Sister Theresa, an R.N., members of the Catholic Social Sisters, were awarded a citation by the Los Angeles police.

NEWS Yale University's School of Nursing has discontinued enrollment in its basic nursing course to devote its activities solely to a new graduate program leading to an MS in nursing. Students already enrolled in the basic program will be carried through to the completion of their studies; the

last will be graduated in June 1958. Beginning next fall, the institution will accept only graduate nurses seeking careers in nursing education, administration, and similar positions of leadership. The school, established in 1923, was the first autonomous school of nursing within a university.

NEWS A salary range of $3,000 to $3,900 a year for nurses' aides employed in New York City's municipal hospitals is being demanded by Local 420 of the American Federation of State, County, and Municipal Employes, AFL. Present pay scale is $2,500 to $3,400 [R.N. salaries start at $3,500]. An acute aide-shortage has led to a recruitment drive, which is being conducted by the State Employment Service.

NEWS First of the ten hospitals to be built by the United Mine Workers Welfare and Retirement Fund was opened in November at Middleboro, Ky. Scheduled for opening next are mining community hospitals in Pikeville and McDowell, Ky.

NEWS New programs of graduate study, together with a limited number of fellowships and scholarships, are announced for the 1956-57 academic year by Wayne University College of Nursing, Detroit 1, Mich. The fellowships include two in medical-surgical nursing for R.N.'s aiming to teach in this field; one in nursing service administration; and three for preparation in teaching in a basic nursing program at a junior college. The scholarships are for study in psychiatric nursing on both the BS- and MS-degree levels. Graduate courses to be offered include a general program leading to a BS in nursing, and specialized programs leading to an MS in nursing. Detailed information and application forms may be obtained by addressing the dean. Special consideration is promised fellowship and scholarship applicants who apply before May 15 and June 1, respectively.

NEWS *Mabel Mortvedt*, back from two "Point Four" nursing assignments of two years each in Burma and Ethiopia, is now stationed at Washington, D.C., with the U.S. Public Health Service . . . *Ernestine Kittl D'Estel* retired after forty-five years as assistant director of nursing at Philadelphia General Hospital . . . *Shirley C. Titus*, executive director of the California State Nurses Association since 1941, has resigned and been succeeded temporarily by *Mrs. A. Lionne Conta* . . . *Dorothy Gasdorf* is the new director of nursing services for the Cincinnati-Hamilton County (Ohio) chapter of the American Red Cross . . . *Mrs. Marie Krotiuk*, a "displaced" Ukranian who studied nursing in Poland, has started a new nursing career in Denver, Colo., after a long flight from Nazism and Communism... [*Continued on page 79*]

INFANT NUTRITION:

*Is breast-feeding worth salvaging?**

by Lee Forrest Hill

HUMAN milk is regarded almost unanimously as superior to any other milk for infant nutrition; yet there is little question that breast-feeding in the U.S. is steadily declining. It seems regrettable that this product, specifically designed by nature for the human infant, should be so lightly cast aside by so many.

In the past half-century, artificial feeding has received tremendous attention, breast-feeding relatively little. If the latter is to compete in popularity with bottle-feeding, some different approach than has been attempted thus far seems indicated.

Casual inquiry into the decline of breast-feeding reveals several causes of major significance. Foremost among these is a lack of hospital personnel really interested in promoting breast-feeding. A second factor is the current custom of discharging mothers from the hospital on the fifth postpartum day; rarely have the problems of breast-feeding been completely resolved by that time.

The techniques necessary for successful nursing have been demonstrated repeatedly, first by J. P. Sedgewick in Minneapolis in the 1920's, later in England by H. Waller, and again in this country by the recent Yale University "rooming-in" project.

The first requirement is preparation during the latter months of pregnancy. During the last two months, nipples should be toughened by some simple process (such as massaging with a rough-textured towel), [*Continued on page 76*]

*Abstracted with permission from the author's articles in *The Journal of Pediatrics* (Oct. 1954) and *The American Journal of Clinical Nutrition* (Jan.-Feb. 1955). Dr. Hill is chief of the pediatrics staff at the Raymond Blank Memorial Hospital for Children, Des Moines, Iowa.

My baby was breast-fed

by Gladys Balbus Lipkin

WHY don't more mothers breast-feed their babies? Personal experience leads me to believe that physicians and nurses, unprepared to help the new mother, often hinder her efforts by implying that breast-feeding isn't worth the bother.

As a student nurse, I was readily convinced of its advantages. As a graduate on a postpartum service, I tried to acquaint my patients with these advantages. Yet later, as a new mother, I found that I had to fight the discouraging attitude of some doctors and nurses toward breast-feeding.

Fight them I did, however, and the rewards I experienced in nursing little Harriet Anne have been highly satisfying.

A newborn has to learn to suck —just as he must learn, later on, to use a spoon. In fact, the main purpose of putting the baby to breast during the first three days is to give him the chance to learn; his actual intake of vitamins, minerals, and antibody-rich colostrum is naturally slight at this early period. His practice time is limited to a few minutes at each nursing period (to protect the mother's nipples). In learning to suck, he can be helped by a slight pressure of the mother's finger against the underside of his chin.

As soon as the mother's milk supply becomes available, practice gives way to nursing, and the baby is coaxed to empty the breast. This means keeping him awake—often a bit of a problem.

How can the mother tell whether the baby is really sucking or merely pursing his lips and making useless motions?

After several discouraging sessions with Harriet Anne, I discov-

ered that there are three means of knowing when the infant is actually obtaining milk: (1) the breast becomes softer and decreases in size; (2) the mother, by placing a hand lightly on the breast, can feel a definite flow of milk through the ducts and alveoli each time the baby draws; (3) she can hear the milk leave the nipple and enter the baby's mouth (it sounds much like a fine stream striking a resonant strip of metal).

I was fortunate in having chosen an obstetrician who, from the fifth prenatal month on, had insisted upon daily cleansing, massaging, and annointing of the nipples. For six weeks postpartum, I continued annointing them after each feeding.

Breast-fed Harriet Anne—a convincing argument for her mother's point of view.

From then on, daily cleansing, plus the use of a good supporting brassiere, sufficed to keep nipples and breasts in good condition. My diet included all essentials of good nutrition; I drank six glasses of skim milk daily (whole milk in such quantity upset my digestive tract); and I tried to rest as much as possible.

For the first few weeks, my baby's supply of milk was not stabilized. Harriet Anne nursed at intervals varying from one and one-half to five hours; after some feedings, she would still be screamingly hungry. My uncertainty about how much she was actually taking led me to weigh her before and after each feeding. When her gain was under three ounces (as it was a few times), I supplemented her intake with formula. Sugar-water never satisfied her.

Contrary to the generally accepted theories about nursing, my baby often did her most effective sucking toward the end of the feeding, rather than at its beginning. Occasionally, she would nurse for fifty minutes with no appreciable weight-gain; then, in the next ten minutes, she would take four to five ounces. This suggests that it may be unwise to limit the nursing time—as some physicians do—to twenty minutes.

Many women find that a prolonged nursing session makes them restless. My own solution was to sit comfortably, usually with feet up, and either watch television, listen to the radio, or muse. This

made the time pass quickly and permitted me to relax completely. As the baby's sense of hearing developed, she would frequently stop nursing, focus her attention on the television or radio, and return to the breast only after her curiosity had been satisfied.

To help establish the flow of milk and equalize engorgement, it is advisable to nurse for five minutes on one breast and as long as desired on the other, reversing this sequence at the next feeding. When Harriet Anne's sucking was fully developed, she could be nursed at a single breast at each feeding. A "demand" schedule is ideal, since the infant then controls not only the amount taken but, indirectly, the amount produced.

When my baby was six weeks old, she required only five feedings a day and was sleeping through the night. I started her on solids about this time—beginning judiciously to prevent a too-sudden cessation of nursing and subsequent stoppage of my milk supply. Her solid intake was gradually increased by adding only slight amounts at a time; thus she learned to handle the new diet without decreasing her desire to nurse at regular intervals.

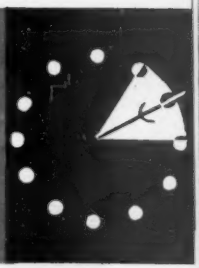
By the time she was fifteen weeks old, she had placed herself on a schedule of three meals and three breast-feedings a day, plus a short nursing period prior to being tucked in for the night. At five months, she ate a variety of foods with delight, and continued to nurse well. Between meals, she enjoyed drinking water or orange juice from a glass.

At six months, the weaning process was started by substituting a bottle of whole milk at the evening meal. As the breast-milk supply decreased, more bottle-milk was substituted. Weaning was completed in two weeks with no difficulty for either of us. At seven months, she took milk from either a bottle or a glass, depending on her mood.

The six months of nursing were happy ones for Harriet Anne and myself. She grew steadily, reaching two-and-a-half times her birthweight at seven months. Her skin remained blemish-free, with beautiful tone and color. She was (and still is) an exceedingly happy baby; rarely has she ever cried. Finger-sucking, started during her tenth week, became most pronounced in her third month, but was practically stopped by the time she was weaned.

As for myself, my dimensions since leaving the hospital have remained exactly what they were prior to pregnancy. The sense of relaxation and well-being I felt while nursing Harriet Anne, as well as the sense of accomplishment, were wonderful rewards. The extra time required for breast-feeding was more than offset by the labor saved on formula preparation, bottle-warming, and bottle-washing. Most important of all, the closeness I felt to my little one while cuddling her during nursing-time can never be overestimated.

SCIENCE SHORTS



Results from ten-year tests of fluoridation in Grand Rapids, Mich., Newburgh, N.Y., and Brantford, Ontario, completed in 1955, showed a reduction of nearly 60 per cent in dental decay, states a report in the *Journal of the American Dental Association* (Jan., 1956).

Curves may account for women's longer life expectancy. Actuary Louis I. Dublin recently told an insurance group that one reason for the longevity record is the female's basic bone structure and physiology.

Experiments with "growing" human skin in the laboratory will be made at Duke University, with the goal of supplying burned patients with ample amounts of their own skin for permanent grafts. Previous studies have shown that skin may be multiplied ten times its original size in a two-week period.

Aging too rapidly? Or fed up with the times? London scientist Dr. Audrey Smith foresees the day when living bodies may be refrigerated for years, or even centuries, and not be a day older when thawed out.

Increasing the world's food supply by using Aureomycin and other antibiotics to protect foods against spoilage has been suggested by Dr. F. E. Deatherage of Ohio State University and Dr. Hugh L. A. Tarr of the Canadian Fisheries Experimental Station in Vancouver, B.C. Where refrigeration does not exist, antibiotics may prevent food wastage.

Ames Company's new diagnostic aid, Occultest, reveals occult blood in the urine. Unlike microscopic examination, Occultest, with just one drop of urine, detects blood whether cells are hemolyzed or not.

Mix cocktails, canapes, dentures, and wooden toothpicks, and the stage is set for perforation of the intestinal tract, warns Dr. E. G. St. John in the *New York State Journal of Medicine* (Nov. 1, 1955). Upper dentures and alcohol tend to hide the presence of indigestible toothpicks in the mouth.

Psychological tests developed at the VA hospital in Salt Lake City (Archives of Neurology and Psychiatry, *Sept., 1955*), *revealed that 44 per cent of epileptics tested had momentary mental black-outs.*

Behavior, not structure, determines posture, says Dr. Wilfred Barlow in *Lancet* (Sept. 24, 1955). He believes poor posture can be remedied by re-education of attitudes. Since muscular tensions are part of one's defense, even a rehabilitated person, under stress, reverts to habits such as cringing, a postural indication of submission to authority.

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Lange and Weiner suggest the term "hyperkinemics" to describe preparations such as BAUME BENGUÉ which produce blood flow *through a tissue area.* They point out that hyperkinemic effect, as measured by thermoneedles, may extend to a depth of 2.5 cm. below the surface of the skin. (J. Invest. Dermat. *12*:263, May, 1949.)

Two strengths: *regular* and *children's.*

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Menthol-induced hyperemia plus high local concentration of salicylate has been rediscovered as one of the most promptly effective remedies for rheumatoid discomfort due to exposure.

Baume Bengué

ANALGÉSIQUE

ABOUT THE COVER

[*Continued from page 5*]

perpetuated in a full figured bronze statue, sculptured by her granddaughter, portraying her as a nurse, "on her way to serve."

Other nurses who have furthered Saint Marys progress are Anna C. Jammé who organized Saint Marys School of Nursing in 1906 and became its first superintendent, and the late Sister Mary Domitilla, the hospital's administrator from 1939 to 1949, and nationally known for her work in nursing education.

The close professional association of the Mayo Clinic and Saint Marys Hospital through the years has enriched the nursing curriculum; for students are offered the teaching and clinical resources of a large hospital as well as those of a world-renowned medical center.

Many changes have occurred since Saint Marys School of Nursing was first established. But in this, its golden anniversary year, nurses are still imbued with the spirit of Rochester's medical and nursing pioneers. In fifty years, some 2,500 graduates have followed their school motto: "Enter in to Learn . . . Go Forth to Serve."

EDITORIAL

[*Continued from page 35*]

services to include the impact of other professional groups on nursing. Also, the question was raised as to whether, as the interpretation of the bill implied, the Federal Government should be given the opportunity to define nursing or the role of any other professional group.

From the first draft of the Bolton bill, representatives of the ANA and NLN have contended that the proposal would not serve the interests of the profession or the public, and would not be acceptable to the professional nurses of this country.

Their arguments against the bill are based on the belief that the programs of the two national nursing organizations now present a very comprehensive program for meeting needs of society today; that organized nursing is already doing the job Mrs. Bolton wants done; that such a Commission would merely be duplicating the ongoing activities of national nursing organizations; that it would be an obstacle to pending nursing legislation, possibly delaying it; and would waste tax funds, as well as place an unwarranted amount of work upon the staffs of both organizations, since most of the information the proposed Commission would require would necessarily have to be secured from the ANA and NLN.

On the basis of these criticisms,

plus the fact that the bill would impose on government a responsibility for action in areas which should be served by the professions, state nurses associations have supported the ANA Board of Directors' statement against the bill.

Yet despite organized nursing's and AHA disapproval, scores of individual nurses, hospital administrators, laymen, and the American Medical Association approve the Bolton plan.

During her fifteen years in Congress, Representative Bolton (R. Ohio) has demonstrated repeatedly her interest in the nursing profession. Prior to this she served on the Emergency Committee of the National Organization for Public Health Nursing in World War I and helped to establish the Army School of Nursing. Since she became *Congresswoman* Bolton, her name has been connected with a grant of more than a million dollars to schools of nursing, and has become synonymous with bills relating to the Cadet Nurse Corps, reserve commissions for men nurses, and federal aid to nursing education. Currently, she is proposing traineeships for graduate nurses and the commission to study nursing services.

This is Mrs. Bolton's record on nursing legislation. Is it any wonder that she has emerged as a tried and true friend of nursing? And is it any wonder that today's developments have caught nurses unprepared to know what is right for nursing? Regardless of organized

nursing's stand, Mrs. Bolton's dedication to nursing certainly deserves the courtesy of permitting her point of view to be expressed in nursing publications.

Congresswoman Bolton has publicly gone on record in support of the Administration's bill to provide federal grants for the training of more practical nurses and scholarships for teacher-training of graduate nurses and other public health officials. She has also introduced her own separate bill which would give traineeships to graduate nurses only. She is convinced, however, that these are measures to alleviate, not to remedy, a bottleneck in the nursing scene; the reasons for the bottleneck still remain.

Because of this and other convictions, Mrs. Bolton believes that only a government commission such as she has proposed can reverse the nursing shortage trend and prevent a real crisis in health care. She is aware of existing research in health problems, but does not believe that even one study has taken the inclusive national view; she maintains that each professional group has done its own study, but none has been done by all professions with public representation.

According to Mrs. Bolton, the nursing shortage has been handled as an isolated problem, whereas it is very much part of, and inseparable from, today's changing health needs. The results of her own independent survey among 10,000 representatives of nurses,

doctors, hospital administrators, laymen, etc., showed a recognition of a critical and ever-increasing shortage of nurses, but a lack of recognition of any overall solution to the problem. However, the replies did bring into sharp focus the misunderstandings, misconceptions, antagonisms, and areas of disagreement among the various health groups, and even within nursing itself.

The Commission plan, an outgrowth of the survey, is believed by Mrs. Bolton to be the best method to bring all the similar and conflicting ideas in the health field into one overall study; that in this way there can be a synthesis of the best thinking; that the results of this thinking can be weighed and interpreted by the Commission members; and finally, conclusions and recommendations can be made to the professions and the public. Mrs. Bolton is placing her faith in the public to be more understanding of the increasing costs of nursing care and nursing education after it has been fully informed of the true facts of the nursing shortage.

With the facilities and authority of the Federal Government behind impartial specialists representing all the various groups, Mrs. Bolton believes the problem of adequate care for our sick could be solved. Members of a top-level commission, she says, will be in a position to evaluate, appraise, study, and recommend in the areas of changing health needs, nursing resources,

professional skills, nursing education, and professional and subprofessional economic relationships. They will be a source of authoritative fact and expert opinion about nursing care and health services that impinge on nursing care.

In one published article, the Congresswoman from Ohio analyzed nursing's dilemma as being the result of an inability to find a common economic ground for the nurse, the doctor, and the hospital administrator to stand on. All three professions look at the problem through their own particular glasses, she contends: Nurses are employes, doctors are in business for themselves, hospitals are semi-public and charitable institutions . . . and the patient is alone.

Mrs. Bolton intends that the Commission should represent the patient and act in the interests of public welfare, reconciling the respective views of all three professions and the public.

These are her intentions; the ANA, the NLN, and the AHA are opposed. R.N. has 160,000 registered nurse subscribers who are independent thinkers. We suggest that our readers study all sides of this proposed Commission and share their thinking with us. If further information is wanted, we shall request specific articles on the pro and con viewpoints. This may be the most progressive or most detrimental nursing legislation yet proposed. Hence, we strongly urge each nurse to form an opinion of her own.

—ALICE R. CLARKE, EDITOR

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- ——College
- ——Professional
- ——Nurse

GRADUATE:
- ——College
- ——Professional
- ——Nurse

OTHER:

U. S. ARMY
Nurse Corps

MIRACLES

[*Continued from page 54*]

I didn't bother to switch on the light. In the dimness I could see her white uniform hanging on a closet door, starched and ready for tomorrow's graduation.

Crossing the room silently, I knelt beside the window, rested my arms on the sill, and looked out into the soft June night. Squares of light and half-light from scores of nearby windows made the hospital seem a city in itself. I knelt there a long time.

Again and again, my mind reverted to my chance discovery of the Coramine; I couldn't dismiss it from my thoughts. Had I been of a religious nature, I might have looked upon it as some kind of miracle. That I didn't was due, in part, to the fact that the child had died—and in part to my non-religious upbringing. Religion had never been mentioned in my home. My father was a gentle, kindly man who had had an unfortunate experience with a religious-fanatic relative; my mother was a completely self-sufficient woman. Thus, religion had passed me by.

What was it, then, that had caused me to reach out, unerringly, for that vial of Coramine? I couldn't believe it had been mere chance. Could it—in view of the child's death—be construed as a sort of private "message" for *me*? Had it been intended as proof that my self-doubt and my self-recrimination were all wrong, and that it

was vain of me to suppose that I could really do more than my very best?

From my reading, I recalled the words of Pascal: "The knowledge of man's misery without a perception of God causes despair." I wondered if pain had a purpose—and the thought suddenly occurred to me that its purpose might be to purify. I don't suppose that the thought would have sounded unique to a philosopher—but it was entirely new to me.

I went quietly to the closet, got out my own freshly starched white uniform, and laid it carefully across a chair. I placed the new crisp organdy cap on the top of the bureau, glanced at it a moment in the dark, and went to bed. Tomorrow would be a busy day; tomorrow would be my Graduation Day.

I was ready, now, to be a graduated nurse.

MORE-AND-MORE-OF-US TREND: *U.S. population increased 2,810,000 during 1955, non-government statisticians estimate, bringing the country's total to 166,740,000. (California, which has gained more than 2,666,000 since April 1950, now has a total of some 13,250,000, according to these sources.) If the nation continues to grow as fast as it has since 1940, it will have a bursting-at-the-seams population of 190,000,000 by 1965, and 221,000,000 come 1975, say the experts.*

INFANT NUTRITION

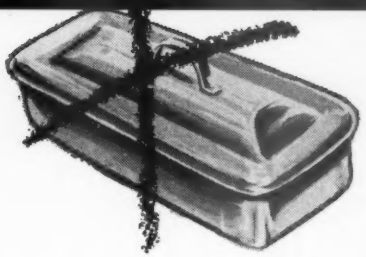
[*Continued from page 61*]

and colostrum should be expressed manually once or twice a day. Retracted nipples should receive special attention. Waller advises a particular type of breast shield.

Postpartum, every precaution should be taken to avoid sore nipples, since this is one of the common causes of lactation failure. Painful engorgement, untreated, may result in cessation of milk secretion within a few days; hence, careful attention is advised, with hormonal treatment if necessary. Stasis in the ducts and alveoli is avoided by manual expression of the breasts during the "coming-in" and establishment phases of lactation. Every effort is made to avoid concern and worry on the part of the mother.

Obviously, such simple measures as these require sympathetic advice and assistance of both physician and nursing staffs. On the extent to which they are available and functioning depends, in many instances, the outcome of lactation. In Waller's hospital, 77 per cent of primiparae nursed their babies for six months.

It is to be hoped that in the not-too-distant future some group or organization will undertake an intensive, nationwide educational campaign designed to promote a progressive increase in the utilization of human milk for better infant nutrition.



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2. Components must be combined aseptically.
3. The finished product must meet U.S.P. sterility tests[2].
4. Each petrolatum gauze unit must be packaged individually to maintain sterility.

(1) U.S.P. XV, pp 304-305. (2) U.S.P. XV, pp 841-846.

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NEWS

[*Continued from page 60*]

Mrs. Virginia Meves and her physician-husband, who were former Milwaukee, Wisc., residents, have opened an 85-bed hospital in Nigeria, Africa, where they are medical missionaries for the Lutheran Synodical Conference . . . *Mrs. Dvora Yaffan*, president of Israel's National Association of Nurses, is spending a ten-month stay in this country, part of her visit being devoted to an Israeli health exhibit in New York City . . . *Margaret Daley*, assistant superintendent at Millard Fillmore Hospital, Buffalo, N.Y., since 1917, has retired . . . *Maj. Elizabeth L. Breitung*, ANC, has become nurse administrator in the Medical Plans and Operations Division, Office of the Army Surgeon General, Washington, D.C. She replaces *Maj. Eileen McCarthy*, ANC, now on a European assignment . . . *Marion E. Shand* has become general director of the Visiting Nurse Society of Philadelphia, succeeding the late *Ruth Weaver Hubbard*.

NEWS Liberty Mutual Insurance Company, Massachusetts Memorial Hospitals, and Boston University's medical school are the joint sponsors of a new project, said to be the first of its kind undertaken by a private company for the rehabilitation of paraplegics. Chief feature of the project is a neurological service, headed by Dr. Donald Munro, an eminent authority on spinal cord cases, which has been established at MMH's Haynes Memorial Hospital, Brookline, Mass.

NEWS Theme for the 1956 conference of the American Association of Industrial Nurses at Convention Hall, Philadelphia, April 23-26: "What is Industrial Nursing?"

NEWS The Committee on Careers, National League for Nursing, has received a 1956 grant of $46,247 from the National Foundation for Infantile Paralysis, marking the seventh year of support to NLN's recruitment program.

NEWS Applications for admission to the 1956 session (July 1-26) of the Yale University Summer School of Alcohol Studies must be submitted by April 15. For full information, write the Registrar, 52 Hillhouse Avenue, Yale Station, New Haven, Conn.

NEWS International Ladies Garment Union, AFL, plans to establish a fleet of twelve mobile units to serve the health needs of some 120,000 members in sparsely settled areas of the South, Midwest, and Far West. Patterned after a $35,000 unit already operating in Western Pennsylvania, the motorized "health centers" will be equipped with x-ray facilities, dressing rooms, and eye-testing machines. Each is to be manned by a doctor, a nurse, and a technician.

CANDID COMMENTS

[*Continued from page 58*]

near the shoulder. Her head hung unsupported over the table, her back twisted unnaturally during the long procedure. A friendly hand supporting her back could have provided much relief. But the nurse stayed at the doctor's side, waiting on him as though he, too, had a broken arm. She offered neither a word nor glance to the patient. When the ordeal ended, the patient, unable to stand the sudden relief from agony, fainted. Who came first with this nurse? Who was responsible for her insensitiveness—doctors, teachers, supervisors, or the nurse herself?

Years ago, as an affiliate student at a huge public hospital, I was on duty one night in the receiving ward helping an intern at the examining table. To me, a "greenie" from a small hospital in a prosperous town, the bundles of wretched humanity that flowed before us were a terrific shock. Some had been picked out of gutters, some were alive with vermin, some had on layers of clothing so caked that it took heroism to undress them. But it was the defeated, "broken" faces on many that appalled me most of all.

Out of sheer distress, I giggled nervously. The intern blazed at me, "What is there to laugh about? These are *people*, broken and dirty, but *people*. They need the best that's in you. Give it, or go away." His gentleness and care, his re-

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Dosage: Two tablets 3 times a day.

Available in bottles of 100 and 300.

References: 1. Illinois M. J. *105*:305 (June) 1954. 2. Obstet. & Gynec. *1*:94 (Jan.) 1953. 3. Bull. Margaret Hague Maternity Hosp. *6*:107 (Dec.) 1953. 4. Missouri Med. *51*:727 (Sept.) 1954. 5. J. Michigan State M. Soc. *53*:862 (Aug.) 1954.

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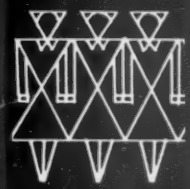
WARNER-CHILCOTT

spect as he talked with them, bespoke the reverence for life that should abide in all of us. I am still appreciating the ideal he set before me.

As Herberg says, "The crisis of our time is a crisis of faith." It is so in nursing as in every other area. We cannot substantially solve the problems of shortages, economics, and what-all without turning, or returning, to the basic spiritual foundations from which our profession rose. In this, not one of us can avoid the responsibility for examining the attitudes and actions, not of our associates, but of our own. Charles A. Lindbergh sums it up beautifully in *The Spirit of St. Louis:* "I saw the science I worshipped and the aircraft I loved destroying the civilization I expected them to serve, and which I thought as permanent as the earth itself. Now, I understand that spiritual truth is more essential to a nation than the mortar in its cities' walls."

DR. ELMER HESS, *president of the American Medical Association, believes that instilling the patient with faith and hope is at times more important than medicine. Whether the M.D. be Catholic, Protestant, or Jew, he must, says Dr. Hess, believe in a Power greater than science. Faith, he adds, is more than a creed; it is best expressed in what we do daily without expecting material reward; and true faith can never be built upon any such foundation as that of complete selfishness.*

POSITIONS AVAILABLE



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ANESTHETISTS: A.A.N.A. member. 250 bed general hospital, salary open, automatic increases, laundry provided, 40 hr. week, no obstetrics, liberal vacation and personnel po icies, Social Security. Sutter Hospital, Sacramento, Calif.

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DIRECTOR OF NURSES: Experienced, Protestant. No school of nursing, approved hospital expanding to 235 beds. Social Security and hospital retirement plans. Private apartment available. Salary open. Also wanted, evening supervisor. Apply Fort Hamilton Hospital, Hamilton, Ohio

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[Turn the page]

FACULTY POSTS: (a) Educ. Dir, large, well-qual. faculty, limited teaching, 550-bed hosp, 280 students, modern educ. unit, beautiful city park area, E, (b) Asst. Professors, Fundamentals of Nursing, OB, Psych, Medical, Surgical, Ped, Intro. to Patient Care, newly established school assoc. with Medical College, $5000-6000, renowned winter resort area, (c) Nurse Instructor, Iran (Persia), plan and execute entire nurse program, 40 students, travel expenses, $10,000, (d) OB, OR, Ped. Instructors, Latin America, attractive salary, maintenance. RN 3-4. Burneice Larson, Medical Bureau, Palmolive Bldg., Chicago, Ill.

GENERAL DUTY: 40 hr wk, 84 bed hospital, finest equipment, very liberal personnel policies and pleasant working environment. Must be willing to rotate shifts. Salary range $277 to $360 monthly. Atomic Energy Project but not Civil Service. Write Director of Nursing Service, Los Alamos Medical Center, Los Alamos, N.M.

GENERAL DUTY NURSES: For 76 bed general hospital in university town. Prevailing salaries paid. Full maintenance available. Redlands Community Hospital, Redlands, Calif.

GENERAL DUTY NURSES: 50 bed hospital approved by JCAH located in mountainous portion Colorado college town. Salary $275, 40 hr wk, sick leave, vacation bonus. Contact Superintendent, Community Hospital, Alamosa, Colo.

GENERAL DUTY NURSES: Opportunity to learn nursing team leadership in 400 bed general hospital, salary $290 to $310 per mo for 40 hr wk. $30 additional for evening and night duty. Uniforms are laundered free, liberal personnel policies, comfortable residence, at moderate cost. Good transportation to colleges and universities, and shopping centers. Apply Director Nursing Service, Mount Sinai Hospital, 2755 West 15th St., Chicago 8, Ill.

GENERAL DUTY NURSES: 38 bed hospital. Prevailing salaries paid. $10 per mo. for evening and night shift, 40 hr wk. San Gorgonio Pass Memorial Hospital, Banning, Calif.

GENERAL DUTY NURSES: 120 bed hospital, southern Wyoming community of 12,000. Liberal personnel policies, 40 hr wk. Starting salary $263 with a charge of $23 for full maintenance. Additional $10 per mo. for evening and night duty with regular increases. Surgical Nurses starting salary $273 plus $5 per call after 5 p.m. Nurses' Home recently redecorated and refurnished. Write Director of Nurses, Memorial Hospital, Rock Springs, Wyo.

GENERAL DUTY NURSES: New 50 bed general hospital thriving village Catskill Mountains. Gross salary $260 mo, full maintenance available $10.50 week, other benefits. Apply Supt. Nurses, Margaretville Hospital, Margaretville, N.Y. Telephone 0501.

GENERAL DUTY NURSES: 118 bed general hospital located in a beautiful residential section along the North Shore of Chicago. Starting salary $300 a month, bonus of $30 for evenings and $20 for nights. 40 hr. wk. Modern ranch style nurses' homes with attractively furnished private bedrooms. Contact Director of Nursing Service, Highland Park Hospital Foundation, Highland Park, Ill.

GENERAL DUTY NURSES: Wanted immediately for 44 bed general hospital located in Northeastern Ohio. Openings in all services. Salary depending on experience and ability, bonus for 3-11 and 11-7, 2 wks vacation after 1 yr employment, 7 legal holidays. Apply Director of Nurses, Lodi Hospital, Lodi, Ohio

GENERAL DUTY NURSES: For 500 bed general hospital in America's Most Interesting City. Liberal employee benefits including paid vacations, free Blue Cross, salary based on experience, education. Write Personnel Director, Southern Baptist Hospital, New Orleans, La.

GENERAL DUTY STAFF NURSE: New and modernized 300 bed general hospital offers top salaries and opportunities to advance. Evenings $76.80-$89.60 per wk, nights $73.60-$86.10, days $64.00-$75.60. Openings in Medical, Surgical, Obstetrics, Pediatrics, Operating Rooms and Emergency Room. 40 hr wk, merit increases, liberal policies. On Long Island Sound, 45 mins to N.Y.C. Modern nurses residence and school. Apply Director of Nursing, Stamford Hospital, Stamford, Conn.

GENERAL DUTY AND SURGICAL NURSES: For 271 bed general hospital in residential suburb of Chicago. 40 hr wk. Cash salary and live in: $235 day duty, $245 pm duty, $250 night duty, plus private room in new nurses' residence, 3 meals per day and free laundry of uniforms. Cash salary and live out: $275 day duty, $285 pm duty, $290 night duty plus 1 meal and free laundry of uniforms. $15 differential for surgical nurses. Low rental apartments available for married nurses. Planned service increases for nurses: $10 after 60 days and at regular intervals. Many other benefits. Write Personnel Director, MacNeal Memorial Hospital, Berwyn, Ill.

GENERAL STAFF NURSES: For 200 bed general hospital. Openings in Ped, O.B. & Med.-Surg. Minimum starting salary $255. 40 hr work wk, special consideration given for experience and qualifications. Merit increases at 6 mo, 12 mo and annually thereafter. Evening and night duty differential $10. Good personnel policies. Rooms available $20 per mo. Write Dir. of Nursing Service, Memorial Hospital, Casper, Wyo.

GENERAL STAFF NURSES: Medicine, Surgery, Obstetrics, Nursery. Beginning salary $240 with increments every 6 mos for 5 yrs. 1 meal and laundry gratis. 340 bed general hospital, near two universities, 20 minutes New York City, excellent personnel policies, 40 hr wk, overtime pay, 3 wks vacation, 4 wks after 3 yrs, sick time cumulative to 60 days. Instaff educational program, Social Security, Blue Cross available, 8 paid holidays, pleasant working surroundings. Advanced preparation encouraged. Apply Director of Nursing Service, Presbyterian Hospital, Newark 7, N.J.

GENERAL STAFF NURSES: This is a friendly place to work in preferred dept. of 200 bed JCAH general hospital with an active building program. Liberal personnel policies include 40 hr wk, retirement plan, paid hospitalization insurance premium, accumulative 30 day sick leave, 2 wks vacation, 6 holidays annually, meals at cost, rooms at $20 per mo, 40 mins. from Detroit. Initial salary evenings $336.80-$371.47, nights $322.80-$357.47, days $306.80-$341.47. For details write Director of Nursing, Wyandotte General Hospital, Wyandotte, Mich.

[Turn the page]

GENERAL STAFF NURSES: 270 bed general hospital and 72 bed maternity hospital. Starting salary $305 a month. $5 month tenure increase for each 6 mos to maximum of $335. $25 additional for afternoon and night. $25 additional for surgery. Liberal paid annual vacation. 7 paid holidays, 8 hr day and 40 hr wk, Social Security and employer-paid help and life insurance program. Apply to Director of Nurses, Sutter Hospital, Sacramento, Calif.

GRADUATE NURSES: For medical and surgical services, modern 263 bed mid-Manhattan hospital. 5 day, 40 hr wk. Starting salary $291, eves. $330, nights $320. Uniform laundry, 2 meals per tour. 4 annual increases, 4 wks vacation, 12 holidays, sick leave 12 days per yr. cumulative. Soc. Sec., health service, free hospitalization. Opportunities for special assignments, research nursing bonuses and postgrad. study. Housing agent available. Apply Supt. of Nurses, James Ewing Hospital, 1250 First Ave., New York 21, N.Y.

GRADUATE NURSES: Vacancies in all areas of nursing service. Rotating experience within a clinical specialty on request. Opportunity for advancement. Hours arranged to permit part-time study at the university and colleges in this city. Active, progressive teaching hospital with developing opportunities for the professional nurse to participate in new approaches in the medical care of patients. Salary $250-280 per mo (base) depending on qualifications. Differential for night or relief duty. Full maintenance available at $55 per mo. For information, apply to Director of Nursing, City Hospital, Cleveland 9, Ohio

GRADUATE NURSES: For general duty in 135 bed general hospital. No school, organized medical staff, high quality service, pleasant surroundings, attractive living conditions in nurses' home, good pay. For information write Director of Nursing, John D. Archbold Memorial Hospital, Thomasville, Ga.

GRADUATE NURSES: Positions for those who either have or are willing to obtain Colorado registry. Floor duty, rotating shifts, uniform laundry and meals furnished, 2 weeks paid vacation and 7 days sick leave per year. 35 bed hospital in a growing community. Southwest Memorial Hospital, Cortez, Colo.

GRADUATE NURSES & ASS'T HEAD NURSES: We are not partial to any one of the many fine new automobiles coming off the assembly lines but we do like the slogan of one—"The Forward Look". As a matter of fact, the slogan could apply very well to the Los Angeles County Hospital System. Maybe that's why we like it. We have a superior physical plant—buildings, equipment, facilities—that is tops now, but it is steadily being improved. Just this year a new 200 bed Communicable Disease Building was dedicated. Last year a new Psychiatric Building was dedicated. A new $350,000 Student Nurses Home is in process. Thousands of dollars on new equipments are added each year. But even more important than buildings and equipments is our modern approach to our patients and our nurses. At our hospitals nurses are important people. They receive good pay, Civil Service protection in their jobs, opportunities for advancement and opportunities to learn. There is constant attention to making things better for the nurse, the doctor, the patient. (Several new Nurse Instructors were employed just this year to assist in improvement of patient care and planning and carrying out an organized educational program for all Nursing Service personnel.) That forward look just creeps into everything. Los Angeles is growing rapidly—18,340 new settlers each month. They keep coming because Los Angeles is a wonderful place to live and work. It's a booming, vital city—a city with a forward look. A city for forward-looking nurses. The Los Angeles County Hospital System consists of 6 separate hospitals: A TB hospital in San Fernando Valley and in Long Beach; an 800 bed general hospital in Torrance (one mile from the Pacific Ocean); Rancho Los Amigos containing the largest Polio Center west of the Mississippi; the 200 bed John Wesley County Hospital—a recent acquisition; and the County General Hospital, just about the largest hospital in the world. We have a fine School of Nursing, too. If you care to suggest our school to prospective nurses, we should appreciate it Beginning salary for our nurses is $288 and $319 for Ass't Head Nurses. In addition, there are bonuses for evening and night duty and Communicable Diseases, Psychiatric and TB nursing. All of our nurses do the professional job they were trained to do. Why not write us for further information. Write J. K. McInnis, R.N., Los Angeles County General Hospital, Box 1311, Los Angeles 33, Calif. You won't be sorry that you did.

HIGH CALIBER REGISTERED NURSES: We need good nurses interested both in latest scientific therapy and old-fashioned warm care of patients with cancer and allied diseases. Teaching and research center offers valuable experience. Adequate staff of top nurses maintained. University-affiliated inser-

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vice education, access all NYC university programs. Good basic preparation required, learn specialty here. Staff Nurses, $280-320 Day; $330-370 Eve; $320-360 Nite. 4 wks vacation, 1½ pay for overtime, uniforms laundered, Blue Cross paid by Center. Minimum rotation. Suture nurses, base salary plus ½ pay for on-call hrs. Housing agent helps you locate. Thelma Laird, R.N., Director of Nursing, Memorial Center, 444 E. 68th St., New York 21, N.Y.

INDUSTRIAL, OFFICE: (a) Four industrial nurses, brand new automobile plant opening April, modern dept. under M.D., leading company, excellent personnel policies, $300-$400, commuting distance, large metropolitan area, (b) Office Nurse-secretary, prominent hotel medical dept., $350, (c) Clinic Nurses, twenty-five board men, noted health center, ideal climate, S.W. RN 3-5. Burneice Larson, Medical Bureau, Palmolive Bldg., Chicago, Ill.

INSTRUCTOR: Nursing arts. For complete information write Tulare-Kings Counties Hospital, Springville, Calif.

MALE NURSE: (a) Senior male nurse, adm. ability, supr. emergency aid men, all air-conditioned facilities, foreign operation, major indus. co. $8500. RN 3-6. Burneice Larson, Medical Bureau, Palmolive Bldg., Chicago, Ill.

MEN NURSES: Registered, 3 positions only. All-male patient hospital. Only men nurses. Starting salary $280 mo, vacations, holidays, sick leave. Afternoon and night differentials. Live in Nurses' Home. Director of Nursing Service, Alexian Brothers Hospital, St. Louis 18, Mo.

N.J.R.N.: Supervisor of Nursing in 30 bed N.J. licensed Nursing Home, mostly geriatric cases. Live in requirement, 1 hr from NYC. Salary from $250 per mo on plus free maintenance. Write to Director, Charles Field, 120 Madison Ave., Madison, N.J.

NURSE: For Girl Scout Mountain Camp. Registered Nurse 21 yrs or over. 11 wk period. Salary and maintenance. Apply to Camp Coordinator, Girl Scouts of Metropolitan Denver, 511 Community Chest Bldg., Denver 2, Colo.

NURSE ANESTHETISTS: Two, for extra coverage. Very good working conditions. Apply Chief, Anesthesia Dept., Mercer Hospital, Trenton, N.J.

NURSES: Staff and Operating Room. 5 day 40 hr wk, initial salary $275 and $310 respectively. Additional for operating room evening calls and general duty evenings. Increment every 6 mos for a period of 3 yrs. Advancement possible. Arizona registration required. ANA members applications considered first. Apply Superintendent of Nurses, Yuma General Hospital, Yuma, Ariz.

NURSES: General hospital, 236 beds, new building, modern equipment. 30 miles from New York City. Liberal personnel policies. Write Director of Nursing, Morristown Memorial Hospital, Morristown, N.J.

NURSES: 1 Asst. Dir. N.S., salary $361-426, 1 Head Nurse for Surgery, $293-361, 1 Supervisor Coordinate Surgery C.S.R. and Emergency Room, $325-401. Registered Staff Nurses for days, P.M. & night services, $278-325 with $10 for p.m., nights. $10 for TB Isolation, Pediatrics, N.P. & Surgery. 15 paid working days vacation after 1 year. 15 paid working days sick time accruable to 90 days.

11 paid holidays, 40 hr wk. Write Director Nursing Service, Monterey County Hospital, P.O. Box 1611, Salinas, Calif.

NURSES: Top salary. Openings on research wards in a well-known N.Y. hospital for graduate nurses with N.Y. State License. Staff nurses, $316.66 per mo; Ass't head nurses, $340 per mo; Supervisors, $416.66 per mo. All required to rotate shifts when necessary. $50 monthly supplement for evening duty, $40 monthly supplement for night duty (no monthly supplement for supervisors). Please submit complete resume of training and experience to Dr. Joseph H. Burchenal, c /o Sloan-Kettering Institute, 410 E. 68th st., New York, N.Y.

NURSES: General Duty, for 30 bed hospital 35 miles from New York. Excellent salary. Apply Administrator, Tuxedo Memorial Hospital, Tuxedo Park, N.Y.

NURSES-MEN & WOMEN-GENERAL STAFF: 40 hr wk, 8 hr day, rotating day, evening and night duty. Salary $282 per mo, plus laundering of uniforms, meals on duty, inside maintenance optional with suitable deductions. $20 per mo additional for evening duty, $15 per mo additional for night duty, $20 per mo additional for tuberculosis, psychiatric and contagion duty, $180 yearly increment, liberal sick leave, vacation, 10 holidays, pension plan, advancement opportunities. Pleasant Westchester County suburban rural environment, easily accessible New York City. Write or telephone Director of Nursing, Grasslands Hospital, Valhalla, N.Y. LYric 2-8500.

OBSTETRICAL NURSES: Openings for Supervisor, Asst Supervisor. Immediate need for staff in 30 bed unit, averaging 100 deliveries per mo. Starting salary $255 with 6 mo and 1 yr merit increases, yearly thereafter. Special considerations given for experience and qualifications. $10 differential for 3-11 and 11-7. Good personnel policies, rooms available $20 per mo. Write Director Nursing Service. Memorial Hospital, Casper, Wyo.

OPENING NEW ADDITION: Need Registered Surgical Anesthetist, ASCP Lab Technician, Operating Room Nurses, OB Supervisors, OB Nurses, Medical Nurses, Nurse Supervisors, Nursery Supervisor, Director of Nursing Education. Salary open. 210 bed hospital, very good personnel policies, city of over 60,000. Write Personnel Dept., Sioux Valley Hospital, Sioux Falls, S. Dak.

OPERATING ROOM NURSE & NIGHT SUPERVISOR: 60 bed general hospital expanding to 100 beds, 45 hr wk, $275 per mo, annual or merit increases, paid vacation, sick leave and Social Security. College town, population 12,000, Central Ohio 20 mi from Columbus. Apply to Administrator, Jane M. Case Hospital, Delaware, Ohio

OPERATING ROOM NURSES: New 50 bed general hospital thriving village Catskill Mountains. Gross starting salary $270 mo, full maintenance available $10.50 week, other benefits. Apply Supt. Nurses, Margaretville Hospital, Margaretville, N.Y. Telephone 0501

OPERATING ROOM NURSES: Immediate appointments. 511 bed newly enlarged and finely equipped hospital. 10 operating rooms now completed. Northeastern Ohio stable "All American City" of 120,000. In center of area of recreational, industrial and educational

friendly activities. Living cost reasonable. Within pleasant driving distance advantages of metropolitan Cleveland, Columbus and Pittsburgh. Friendly and considerate working associates and conditions. Progressively advanced personnel policies. Starting salary $240 per mo. with 4 merit increases. Paid vacation, sick leave, recognized holidays, premium pay, sickness insurance and hospitalization program, retirement. Contact Director of Personnel, Aultman Hospital, Canton, Ohio by letter or collect telephone 4-5673.

OPERATING ROOM NURSES: For 200 bed hospital. Openings for Ass't Supervisor and Staff. Minimum starting salary $255. 40 hr work wk. Special considerations given for experience and qualifications. $20 per mo for call. Average call 2 nights per wk. Good personnel policies, rooms available $20 per mo. Write Director of Nursing Service, Memorial Hospital, Casper, Wyo.

OPERATING ROOM NURSES: 300 bed hospital, 40 hr wk, all cash salary, bonus for on-call, special consideration for experience and advanced preparation, Social Security and Retirement Plan. Apply Director of Nursing. Mercer Hospital, Trenton, N.J.

OPERATING ROOM NURSES—AT MEDICAL CENTER: Start $270 for 40 hr wk, increases at 6 mos, 1 yr and 2 yrs, overtime premium pay, paid vacation, 6 paid holidays, sick leave, free medical services, Social Security. We pay hospitalization insurance, life insurance, retirement annuity. Apply Personnel Director, Rochester Methodist Hospital, Rochester, Minn.

PEDIATRICS, STAFF & OPERATING ROOM NURSES: New 104 general hospital, latest equipment, ideal location, banks of St. Joseph River, heart of the Fruitbelt, Lake Michigan shores. Living accommodations available. Jr. College in area. 2 hrs from Chicago. 40 hr wk, basic salary $260, shift bonus, good personnel policies, friendly community. For details write Nursing Director, Memorial Hospital, St. Joseph, Mich.

PEDIATRICS TEACHING SUPERVISOR: Position open, 275 bed, accredited hospital school of nursing. Degree and experience preferred. Liberal salary, 5 day wk, Social Security, 3 wks vacation, 6 holidays, 14 day sick leave. Apply Director of Nurses, Lima Memorial Hospital, Lima, Ohio

PROFESSIONAL NURSES: For Operating Rooms, Emergency Room, Medical-Surgical, Pediatrics, Psychiatry, Orthopedics, Urology. Salary and personnel policies comparable to other hospitals in area. Teaching hospital 6 blocks from Teachers College, Columbia University. Write Director of Nursing, Box K, St. Luke's Hospital, New York 25, N.Y.

PSYCHIATRIC NURSE: R.N. for 85 bed private psychiatric hospital. Baltimore suburbs. Live on grounds. Salary plus maintenance. Pleasant modern environment. Give background and experience. Dr. Taylor, Taylor Manor, Ellicott City, Md.

PUBLIC HEALTH NURSE: For generalized program in Stanislaus County Health Dept. North San Joaquin Valley, Calif. Salary range $333 to $400 at fifth yr. Car furnished. Liberal personnel policies. California Public Health Nurse Certificate and R.N. Registration re-

quired. Write Irene Heindl, M.D., Health Officer, P.O. Box 1607, Modesto, Calif.

PUBLIC HEALTH SUPERVISOR: Voluntary agency, 9 staff, V.N.A. and TB & Health Ass'n. B.S. Degree. Previous experience as staff and supervisor desired. Liberal personnel policies. Salary range $4200-$4800. Apply visiting Nurse Association, 38 Elm St., Morristown, N.J.

PUBLIC HEALTH: (a) Dir. V.N.A. newly organized, interpret program to public, plan personnel procedures, supv. staff, leading SW. city, (b) Supv. and head nurse, outstanding Amer. Co., foreign operation, $9200, $8580 respectively, (c) Asst. Prof., newly established school assoc. with medical college, renowned winter resort area, $5000-$6000, (d) Staff, mild climate, West Coast, to $5000. RN 3-7. Burneice Larson, Medical Bureau, Palmolive Bldg., Chicago, Ill.

R.N. SUPERVISORS: New 32 bed general hospital, starting salary $275 for night duty, raise in salary after 6 mos. Meals furnished and uniforms laundered. 2 wks vacation and sick leave. For further information write Memorial Hospital, Pecos, Tex.

REGISTERED NURSE: 50 bed tuberculosis hospital in Indiana College town. Salary $325 per mo, excellent working conditions. Liberal vacation and sick leave. Address applications to Superintendent, Smith-Esteb Hospital, Richmond, Ind.

REGISTERED NURSES: 225 bed Medical, Surgical and Tuberculosis Hospital, has immediate openings for graduate registered nurses. Starting salary $4025 to $4885 or higher, depending upon qualifications. Liberal personnel policies include 30 days vacation and 15 days sick leave each year. 40 hr 5 day week and retirement plan. Living quarters available. The Veterans Administration Hospital, Hot Springs, S. Dak.

REGISTERED NURSES: 27 bed general hospital. Salary $312 per mo, complete maintenance including laundry, meals and room in comfortable nurses' residence at no extra cost. 2 wks paid vacation after 1 yr of employment. Retirement plan and other benefits. Apply Lincoln County Hospital, Caliente, Nev.

REGISTERED NURSES: Salary $220-$250. 5 day 40 hr wk, 12 days sick leave, 6 holidays, 2-3 wks vacation. Write Directress of Nurses, Andrew Kaul Memorial Hospital, St. Mary's, Pa.

REGISTERED NURSES: General Duty. Summer positions June 1 to October 31. Also two nurses for permanent positions about May 1 or earlier. Spend your summer in cool Bar Harbor gateway to beautiful Acadia National Park. Write for full details stating age. Mount Desert Island Hospital, Bar Harbor, Me.

REGISTERED NURSES: (2) for general duty, 4-12 and 12-8. Small 12 bed hospital. $250 and maintenance, 2 wks paid vacation and 10 days sick leave, 6 day wk. Contact Helen Vance McMahan, Supt., Bowdle Hospital, Bowdle, S.Dak.

REGISTERED NURSES: 310 bed general hospital affiliated with U. of Ore. Med. School. Staff nurses basic salary $260 with 5 annual increases up to $322. Ass't Head Nurse basic salary $276 to $344, head nurse $296 to $370. Advancement on promotional basis. Full time evening and night nurses are given ass't head nurse classification. Multnomah Hospital, 3171 S.W. Sam Jackson Park Rd., Portland 4, Ore.

REGISTERED NURSES: For Veterans Administration Hospital, Fort Harrison, Mont., located 3 mi from Helena, The Capital. A 262 bed GM&S hospital. Minimum annual salary $4025 with yearly increases, other salaries dependent upon professional qualifications. Personnel policies provide 40 hr wk, 30 days vacation and 15 days sick leave accrual yearly plus 8 days legal holidays. Federal Retirement System coverage, federal group employees life insurance plan and Blue Shield available. Uniform allowances and laundry provided. Nonhousekeeping quarters available. U.S. Citizenship required. Contact Nursing Service, VAC, Fort Harrison, Mont.

REGISTERED NURSES: In progressive 250 bed fully approved hospital located in beautiful, exciting western city with ideal climate, mild winters. 5 day week, 40 hrs., starting salary $265 with automatic increase every 6 mos., of $100 per year, or $8.33 per mo. up to three years. $10 per mo. differential paid to those working afternoon and night shifts. Minimum wage scale for surgery nurses is $275. Write Superintendent of Nurses, Washoe Medical Center, Reno, Nev.

REGISTERED NURSES: Immediate openings in 250 bed general hospital on day and evening shifts. Minimum salary $305 with $20 differential for evening OB and OR. Holidays, vacations, prepaid hospitalization and insurance. Apply to Director of Nurses, Mercy Hospital, Sacramento, Calif. [Turn the page]

REGISTERED NURSES: For supervision and staff nursing in new and modernly equipped 93 bed general hospital in southeastern New Mexico. Beginning staff salary $250, supervision $275. Position open for night supervisor $335 per mo. Liberal personnel policies. Write Director of Nurses, Eastern New Mexico Medical Center, Roswell, N.M.

REGISTERED NURSES: People work and save their pennies for years in order to retire and live in Bishop. You can come now. The Northern Inyo Hospital needs registered nurses. Hospital is small, modern, well-equipped. Write Northern Inyo Hospital, Bishop. Calif.

REGISTERED NURSES: For general duty and supervisors in modern 58 bed hospital located in beautiful resort area on the shores of Lake Michigan. Excellent salaries with liberal personnel policies. $15 differential for 3-11 and 11-7 shifts. Apply Director of Nurses, The Grand Haven Municipal Hospital, Grand Haven, Mich.

REGISTERED PROFESSIONAL NURSES: For supervisory, educational and general staff positions. Liberal personnel policies. 40 hr. week. Differential salary for evening, nights and operating room. Social Security. Christ Hospital, 176 Palisade Ave., Jersey City, N.J.

REGISTERED STAFF NURSES: Age 21-45. 3 yr graduates preferred. 45 bed general hospital. Partly segregated services. Congenial medical staff. Rotating shifts. $252.50 a mo base pay, $15 differential for evenings and nights. 8 paid holidays, 14 days paid vacation, 21 days after 3 yrs. Retirement plan. Other liberal personnel policies. Beautiful nurses home with television. $20 monthly full maintenance. Town of 9000 surrounded by mountains. Desirable climate year round. Apply Director of Nurses, Miners' Hospital of New Mexico, Raton, N.M.

REGISTERED STAFF NURSES: Immediate appointments. 511 bed newly enlarged and finely equipped general hospital. Duty assignments in medical, surgical, pediatrics, psychiatric, obstetrics or contagion units. Northeastern Ohio stable "All American City" of 120,000. In center of area of recreational, industrial and educational friendly activities. Living costs reasonable. Within pleasant driving distance advantages of metropolitan Cleveland, Columbus and Pittsburgh. Friendly, cooperative work relations and conditions. Progressively advanced personnel policies. Starting salary $240 per mo. with 4 merit increases. Paid vacation, sick leave, recognized holidays, premium pay, sickness insurance and hospitalization program, retirement. Contact Director of Personnel, Aultman Hospital, Canton, Ohio by letter or collect telephone 4-5673.

REGISTERED NURSE ANESTHETISTS: 40 hr. wk., permanent positions open for surgery and 3-11 obstetric departments. Liberal vacation and sick leave policies, Social Security. Overtime pay, extra pay for night duty. Automatic pay increases. No call duty. Apply: Chief Nurse Anesthetist, Harper Hospital, Detroit 1, Mich.

SCHOOL NURSE: For well organized school health department, loveliest spot Pacific Coast. Beginning salary $3600 to $4700, 35 hr wk, work 9 calendar mos, usual school vacations, annual increment to $6400, tenure after 3 yrs. B.S. and P.H.N. Degrees, own car. Santa Barbara City Schools, 1235 Chapala St., Santa Barbara, Calif.

SCIENCE INSTRUCTOR: For 403 bed general hospital, 30 minutes from New York City, school enrollment 60 students. Approved by the N.J. State Board of Nursing, temporary accreditation from the National League for Nursing. B.S. Degree in Nursing with at least 1 yr experience. Salary open, liberal personnel policies. Responsible for teaching Anatomy & Physiology, Microbiology, Chemistry and Physics. Will work with assistant. Apply Assistant Director, School of Nursing, Hackensack Hospital, Hackensack, N.J.

STAFF & HEAD NURSES: Immediate appointments at Michael Reese Hospital Medical Center with opportunity for advancement in all divisions, including recently opened new 112 bed private and semi-private pavilion. Positions provide many personal benefits including health services, 30 days vacation with pay, and low cost housing available. Salaries for head nurses range from $330 to $370 per mo for 40 hr wk, salary range $315 to $350 per mo for staff nurses. Differential for evening duty $40, night duty $30. For further information write Director of Nursing Service, Michael Reese Hospital Medical Center, Chicago 16, Ill.

STAFF, HEAD NURSE & SUPERVISORY POSITIONS: Available in 521 bed city-county

hospital. Beginning salaries staff positions, $260-$280, one meal and laundry. Living quarters available. Additional for rotating shifts, special services and years of service. Fully accredited school of nursing, hospital affiliated with medical school. Teaching and research. For further information write Director of Nursing, Jefferson Davis Hospital, Houston, Tex.

STAFF NURSES: Wide clinical experience, 40 hour week, starting salary of $300 a month. Please write to Department of Nursing for further details, University Hospital, Ann Arbor, Mich.

STAFF NURSES: To assume positions in Veterans Administration, Coatesville, Pa. 1900 bed psychiatric hospital affiliated with medical schools in Philadelphia. Special instruction available for nurses without psychiatric experience. Opportunities for Educational Advancement at nearby universities. Starting salary, Junior Grade $4025 per yr with yearly increase of $105 and uniform allowances. Higher grades and salaries based upon experience and educational background. 40 hr wk, 30 days vacation, 15 days sick leave and retirement plan. Maintenance available. Apply Chief, Nursing Service, VA Hospital, Coatesville, Pa.

STAFF NURSES: For Central California modern community of approximately 60,000. 400 bed county general hospital. Commuting distance to mountain resort areas or San Francisco, 3-11 and 11-7 shifts, 40 hr wk, 3 wks pd vacation at end of 1st yr, 11 holidays a year and sick time accumulative to 50 days. Retirement system. Group insurance available. Rooms in Nurses' Home at $15 per mo. Starting salary $290 plus $10 bonus for pm and night shifts. Write Director of Nurses, Stanislaus County Hospital, 830 Scenic Drive, Modesto, Calif.

STAFF NURSES: Starting salary $270 per mo with increments each 6 mos, plus meals and laundry. Accommodation provided in Nurses' Residence. Vacation after 1 yrs service, sick leave benefits and retirement plan. Alternating 8 hr shifts, 5 day wk. Apply Superintendent, Elko General Hospital, Elko, Nev.

STAFF NURSES: For 446 bed Tuberculosis Hospital located about 20 mi from New York City. 5 day 40 hr wk, with overtime pay for any work over 40 hrs. Beginning salary $3220 yearly with $192 yearly increment to $4180 yearly. $120 yearly additional pay for afternoon and night duty. Full maintenance available at $624 yearly. Liberal vacation, holidays, sick time, Pension Plan or Social Security available, depending upon age, physical condition and other determining factors. Apply to Director of Nurses, Essex County Sanatorium, Verona, N.J.

STAFF NURSES: Eye, Ear, Nose and Throat Hospital. Eligibility for New York Registration necessary. Starting salary $260 per mo., with increases of $120 per year for two years, 3-11 shift $20 monthly bonus. Operating Room and 11-7 shift $10 monthly bonus. 40 hr wk, 7 holidays, 28 days vacation after 1 year. Social Security and sick time. Living in accommodations available at $22.50 for a double room. Meals available at 33 1/3¢ per meal. Opportunities for advancement. Apply Superintendent of Nurses, 218 2nd Ave., New York, N.Y.

STAFF NURSES: For 45 bed general hospital, completely remodeled and new equipment. 44 hr. week. Starting salary $250 up. Good working conditions. Liberal personnel policy. Apply Administrator, Coon Memorial Hospital, Dalhart, Tex.

STAFF NURSES-OPERATING ROOM NURSES: For modern 650 bed tuberculosis hosp. affiliated with Western Reserve University and approved by joint commission on accreditation of hospitals. 40 hr wk, 5 day week. Salary $293 to $323, with automatic increases. Full maintenance available at minimum rate. Housing for two or more nurses. Advancement for eligible applicants. Meets approved minimum employment standards of the State Nurses' Association. Apply to Director of Nursing, Sunny Acres Hospital, Cleveland 22, Ohio

STAFF, SCRUB: (a) Staff, foreign operation, outstanding American Company, air-conditioned hosp, living quarters; private golf course, tennis courts, swimming pool, $7800, (b) Scrub, large hosp, beautiful residential section, metropolitan area, 5 day week, $350 start, MW. (c) Emergency Room Staff, day hours, large gen'l hosp, start $300, NYC. RN 3-8. Burneice Larson, Medical Bureau, Palmolive Bldg., Chicago, Ill.

STUDENT HEALTH: (a) Resident Nurse, exclusive college prep. school for girls, beautiful 10-acre campus, Pacific Coast, $280, private room, (b) Camp Nurses, one to three month

1956 summer periods, excellent working conditions, good lake resort areas, attractive salary, (c) Infirmary nurse, fashionable eastern girls' school, well-equipped medical dept. congenial faculty, RN 3-9. Burneice Larson, Medical Bureau, Palmolive Bldg., Chicago, Ill.

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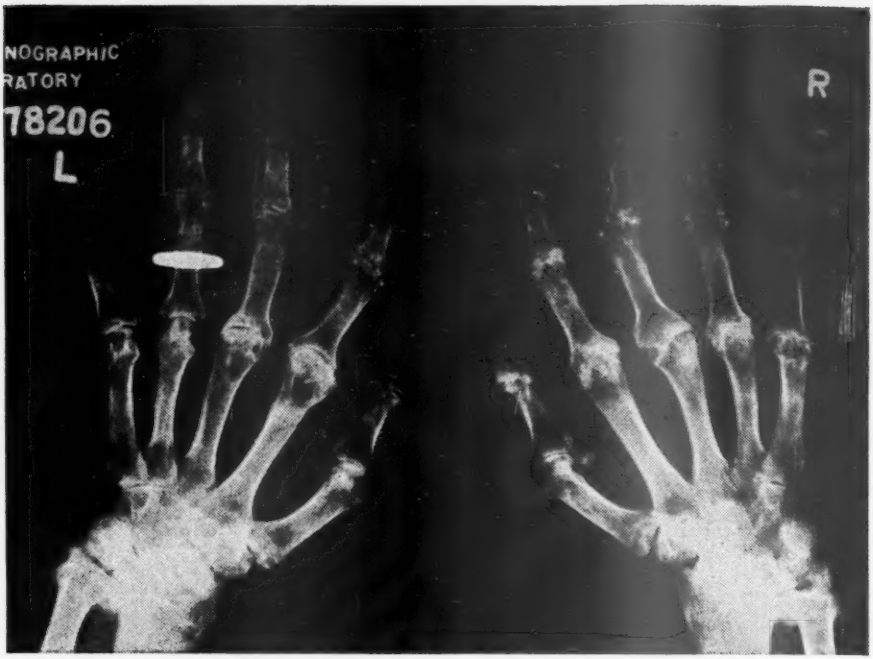

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